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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

111

FILED May 09 1997 8:00am Secretary of State

	n Name OY, INC.	' (')				
Principal Place of Business Mailing Address 1722 DAVIS STREET 4215 SOUTHPOINT BLYD. STE 100 JACKSONVILLE FL 32209 JACKSONVILLE FL 32216-0999				1 FRENIK ORDAN NEBAN 1984K CRITON SHOEL HIGH BABAN GUUN EUSIN BABAN BABAN BABAN 1984K BABAN 1984		
				3. Date Incorporated or Qualified 05/29/1975	3a. Date of Last Re 05/01/1996	port
	lace of Business	2a. Mailing Address		4. FEI Number		plied For
Suite, Apt	W. obs.	Suite, Apt. #, etc.		59-1603081		Applicable
22 Suite, Apt.	#, 000	27		5. Certificate of Status Desired	\$8.75 A	
City & Stat	0	City & State	**************************************	6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	
Zip 	Country	Zip	Country	8. This corporation has liability for		199,032,
24	25 S. Name and Address of Curren	29 29 Anent	30	Florida Statutes 10. Name and Address of New Re	Yes No	
PA	YNE, WILLARD, JR.	, nogaziora Agoni	81 Name	10. 100//0 0/(0 2/00/044 01 110/4 11	vg.storea Agent	
	80 BLEINHEIM PL		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
JA	CKSONVILLE FL 32225		511661 AU	diess (F.O. DOX Nulliber is Not Accepta	1010)	
			83		<u> </u>	
			84 City		85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named co	rporation submits this statement for the	purpose of changing its	registered
11. Pursuant office or i agent. La SIGNATURE				rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its ept the appointment as	s registered registered
	to the provisions of Sections 607,050 egistered agent, or both, in the State or familiar with, and accept the obligation of the obligati	ent and title if applicable (NO	tes, the above-named co authorized by the corpora lorida Statutes. 15. Registered Agent signature registered.		DATE	
SIGNATURE	Street or protect name of regarded ago OFFICERS AN	ent and title if applicable (NO	TE: Registered Agent signature req	pired when reinstating)	DATE	
SIGNATURE	P PAYNE JR, WILLARD	ent and title if applicable (NO D DIRECTORS	TE: Registered Agent signature req	pired when reinstating)	DATE ICERS AND DIRECTOR	S IN 12
SIGNATURE 12. Inu	PAYNE JR, WILLARD 4280 BLEINHEIM PL	ent and title if applicable (NO D DIRECTORS	1E: Registered Agent signature req	pired when reinstating)	DATE ICERS AND DIRECTOR	S IN 12
SIGNATURE 12. INCE HAMI STRIFT ADDRESS CITES SE ZIP	PAYNE JR, WILLARD 4280 BLEINHEIM PL JACKSONVILLE, FL 00000	erit and tifle if applicable (NO D DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	pired when reinstating)	DATE ICERS AND DIRECTOR Change	S IN 12
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SIGNATURE 12. 180 NAM SIBEL ADDRESS CIG. ST. 7/P TITLE NAME SIBEL ADDRESS	PAYNE JR, WILLARD 4260 BLEINHEIM PL JACKSONVILLE, FL 00000 VT PAYNE, PAM 4280 BLEINHEIM PL	erit and tifle if applicable (NO D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	pired when reinstating)	DATE ICERS AND DIRECTOR Change	S IN 12
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Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or 19 an attachment with an address.