FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

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(8)

	FINANCI/	L SERVICES OF	JACKSONVILL	E, INC.		of the	T TARING BIRD MAIN AND AND AND THE	. 3 6 13 6 1610 6 3631 3	i nali elali eli	F() &286) (8 B)
Principal Place of Business Mailing Address										
2334 SEGOVIA AVE JACKSONVILLE FL 32217			2334 SEGOVIA AVE JACKSONVILLE FL 32217-2625							
							3. Date Incorporated or Qualified 10/15/1976	1	of Last R 24/1996	•
Principal Place of Business Section Principal Place of Business			26. Mailing Address 26				4, FEI Number 59-1693601		— → —′·	oplied For of Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	25		7ip 29	29 30				Yes 🗀	No	199.032,
		and Address of Curre	nt Registered Agen	ıt	81	Name	10. Name and Address of New R	egistered Aç	ent	
DAVIS, LEE 2334 SEGOVIA AVE JACKSONVILLE, FLORIDA 32207							nc et Address (P.O. Box Number is Not Acceptable)			
							oress (F.O. Box Normber is Not Accepte			
						City	p−1 85 7ip Code			Code
11. Pursuant	to the provisi	ons of Sections 607 056	02 and 607 1508 Fli	orida Statut	les the above	named co	moration submits this statement for the	FL.	hanging it	s registered
office or r agent. I a	registered again familiar wit	ent, or both, in the State h, and accept the oblig	of Florida. Such cheations of Section 6	ange was 07.0505, Fi	authorized by orida Statutos	the corpora	rporation submits this statement for the ation's board of directors. I hereby according	opt the appoi	nlment as	registered
SIGNATURE	Signature, lyped	or printed name of registured ag	ent and titic if applicable		E: Registered And	nt signature (ego	d red when re-ristaling)	DAIL		
12.			D DIRLCTORS		13.		ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	PD		DELETE		1,111116	1	2.5		Change	Addition
NAME	AAAA OFAANIA AND				1.2 NAME	Į				
STREET ADDRESS	INCHONNAILE EL MANA				1.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000		T onty		1.4 CITY - S	1-71P			-	
TITLE	DAVIS, JANE		لـا	□ DELETE 2				L	☐ Change	L Addition
NAME		GOVIA AVE			2.2 NAME					
STREET ADDRESS		NVILLE, FL 00000			2.3 STREET	ſ				
CITY-ST-ZIP TITLE	4,101140		П	DELFTE	2 4 City - S 3 1 Title	1 - 411'	87.7	Г	Change	Addition
NAME			£_1		32 NAME			L.,	c.inigs	
STREET ADDRESS]				33 STR[[]	ADDRESS				
CITY-ST-ZIP	}				3.4. CITY-S	1				
TITLE				DELETE	4.1 TUTLE				Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP					4.4 C(1) Y - S	T-71P]				}
TITLE]			DELETE	5.1 1/11/6			Γ	Change	Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREFT	ADDRESS				
CITY-ST-ZIP	<u> </u>				5.4 CHY-S	1 - ZIP			_	
TITLE				DEFETE	6.1 1111.				Change	Addition
NAME					6.2 NAME	ļ				
STREET ADDRESS /					63 STREET	ADDRESS				
CITY-ST-ZIP	I .				64 CHY-S	1.70				

14. To horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.