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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

517426

(3)

1. Corporation	it Name	NCE-VIDE		RONI	`										
Principal Place of Business					Mailing Address						-				
SOLE BLANDING BLVD.				5016 BLANDING BLVD.											
P. O. BOX 7159				P. O. BOX 7159											
JACKSONVILLE FL 32238				JACKSONVILLE FL 32238							DO NOT WRITE IN THIS SPACE				
											3, Date Incorporated or Qual	fied			
											10/29/1976				
2. Principal Place of Business					2a. Mailing Address						4, FEI Number			Ap	plied For
21				Suite. Apt. #, etc.							59-1710739				t Applicable
Suite, Apt. #, etc.					 1						5. Certificate of Status Desire	d [T -	. / 5	dditional
22 City & State					City & State						a Flaction Composite Finance				
23					28						 Election Campaign Finance Trust Fund Contribution 				May Be o Fees
Zip	ip Country				Zip			Country			a. This corporation owes or h				
24	25			29				~-1			Personal Property Tax due		′	_	No
	g. Name	and Address	Regis	egistered Agent						10. Name and Address of New Registered Agent					
	HERTY, SU							81	Name	Tobi	n B Dohorty				
5018 Bl anding BLVD.					82 Street Add					Addres	n B. Doherty ss (P.O. Box Number is Not Acc	eptable)			
JACKSONVILLE FL 32210					50						6 Blanding Blv				
								63			•				
								84	City				85	Zip C	ode
B								$\perp \perp$		Jaci	ksonville		FL "	323	210 l
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florig 									the corp	corpor	ration submits this statement for in's board of directors. I hereby	ine purp accept th	ose of chang he appointme	ging its ent as i	registered registered
CONTRACTOR							/						4-20-		
SIGNATORE	Signature, V, Q	pric Barri				dent _{võ}	: Pogistor	ed Ager	nt signature	peninge	I whore reinstating)		DATE		
12.	- BA	OFT	ICERS AND	DIREC		/	13				ADDITIONS/CHANGES TO	OFFICER			
TITLE	DS	DV GUIÇANI				OELETE		TITLE					L C⊦	nange	Addition
NAME	DOHERTY, SUSAN 2644 RED FOX RD.							1.2 NAME							
STREET ADDRESS	ORANGE PARK FL							1.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	DP	L FAMILY I'L				DELETE		CITY-SI	1 - ZIP				□ Ct	2000	Addition
NAME	DOHERTY, JOHN B					1	2.1 TITLE 2.2 NAME						larige		
STREET ADDRESS		D FOX. RO.					•		ADDRESS						ľ
CITY-ST-ZIP		E PARK FL						CITY-S							
TITLE						DELETE		TITLE					Cr	nange	Addition
NAME							3.2	NAME							
STREET ADDRESS							3.3	STREET	address						
CITY-ST-ZIP	_						3.4.	CITY - S	T-ZIP						
TITLE						DELETE	4.1	TITLE					☐ Ct	iange	☐ Addition
NAME							4. 2	NAME							
STREET ADDRESS			। कल्ल ा जल्ल				4.3	STREET	ADDRESS						Ì
CITY-ST-ZIP			2 1 1 L			A.F. ##=		CITY-ST	- ZIP						
TITLE			16		↵	DELETE		TITLE					☐ Ch	iange	Addition
RAME								NAME							
STREET ADDRESS									ADDRESS						
CITY-ST-ZIP			. 13.			DELETE		CITY-ST	- ZIP				Cr	nange	Addition
TITLE			3			ULLETE		TITLE					LJ (J	winge	L Modilion
NAME OTDCCT ADDDCCC								NAME PERCET	ADDDEDD						
STREET ADDRESS CITY-ST-ZIP								CITY-ST	ADDRESS						
OCCUPANT 1							■ D.4 I	انت بيس	4.15						1

14. Thereby 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 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 empowered 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 on an attachment with an address.