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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Apr 11 1997 8:00am Secretary of State

	1997			DIVISION OF	CORPORA	TIO	NS	Secretary of State				
DOCUMENT # 544879 (0) 1. Corporation Name CM JAX, INC.								1 (4 CHA) 1 (1) A (4 CHA) 1 (4 CHA)	ISK IBNA IS <b>tr</b> (1)	DLAN BADA ON	IM OLDH BAGA	1) <b>(</b> 4) (1)
Principal Place of Business Mailing Address 4973 ALTA VISTA AVE 4973 ALTA VISTA AVE ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084-7					4-7179	<del></del>						
								3. Date Incorporated 09/09/1977	or Qualified		e of Last R 5/1996	eport
2. Principal	Place of Buse	iess	2a. Mail	ng Address				4. FEI Number			<b></b>	plied For
21			26	A-1 41 -11	· · · · · · · · · · · · · · · · · · ·			59-1766318				t Applicable
22	ot.#, etc		27	, Apt. #. etc.				5. Certificate of State	us Desired		\$8.75 / Fee Re	
City & St	tate			& State				6. Election Campaig	n Financing		\$5.00	· <u>·</u>
23			28					Trust Fund Contri			Added	to Fees
Ζφ [[]]	}	Country	Zip		Coun	try		8. This corporation i		intangible t ] Yes		. 199.032,
24		and Address of Curr	29  rent Registered	Agent	[30]			Florida Statutes  10. Name and Addre				
HL	JFFMAN, ROI				18	<b>B1</b>	Name		317,	<u> </u>		
	73 ALTA VIS				-	32	Street Add	dress (P.O. Box Number is	Not Acceptate	nle)		
ST	r augustine	FL 32084						STOSS (1.0. DOX Hambor II				
ı					]6	B3						
					Ţ	34	City	······································		F-1	<b>85</b> Zip	Code
41 Director	ad b. the ozna	ious of Spot one 607.0	E02 and 607 15	OR Florida Stat	utos the abo		- named cor	rooration gubmits this stat	ement for the	FL	changing if	e registered
office o agent.	or registered ag Lam familiar wi	ent, or both, in the State, and accept the ob-	ate of Florida. Su ligations of, Sec	ich change wa tion 607.0505.	s authorized Florida Statu	by tes	the corpora	rporation submits this stat ation's board of directors.	I hereby acce	pt the appo	intment as	registered
SIGNATUR	í											
12,	Signs of typed	OFFICERS	agert and title if <b>a</b> pple AND DIRECTOR		OTE Registered	Age	nt signature requ	uired when reinstating)  ADDITIONS/CHAN	GES TO OFFI	DATE CERS AND	DIBECTOR	RS IN 12
1666	PD			DELETE	1.1 TO 1	.E	J	7,00,110,10,0.1111	0.0100111		Change	Addition
NAM:		n, robert d			1.2 NAM	Æ						
STREET AUDRES		A VISTA AVE			13 STR	EET	ADDRESS					
00Y+SI+7IP		ISTINE FL			1.4 CIT		T-ZIP					<b></b>
Tille	STD	n, bette k		DELFTE	2.1 TITL		}				Change	Addition
N/MI	4072 ALT	TA VISTA AVE			2.2 NAM		ABBRECO					
STREET ADDRES		ISTINE FL			2 3 S1R 2. 4 CIT		ADDRESS					
CITY ST ZIP	VO			DELETE	3.1 TITI		51-235	, , · · · · _ · _ · _ · _		<u> </u>	Change	Addition
NAME		n, James C			3.2 NA	ΜE						
STELL ADDRES		A VISTA AVE			3.3 STR	EET	ADDRESS					
0HY-51-70	ST AUGU	ISTINE FL			3.4. CIT	Y-9	ST-ZIP					
THUE				DELETE	4.1 7171					ļ	Change	Addition
NAM's					4. 2 NA							
STREET ADDRES	his l						ADDRESS (					
Calvest zin				DELETE	4.4 CIT		1-217		··		Change	Addition
NAMI				= ' ' '	5 2 NA						-	
SIBEEL ADDRES	$\mathbf{s}_5$				5.3 STP	EET	ADDRESS					
CON SUZIE			,		5.4 CIT	Y-5	T-21P					· · · · · · · · · · · · · · · · · · ·
11:11				DELETE	617170					Ĭ.	Change	Addition
NAME					6.2 NA							
STREET ADDRES	SS				1		ADDRESS					
CHTY - 51 - 70°	1				64 CIT	1.2	1-211		<b>2</b>			

14. The hereby 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.

SIGNATURE: