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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 600604

(3)

DATZ, JACOBSON, LEMBCKE AND GARFINKEL, P.A.					
Principal Place of Business	Mailing Address				
2902 INDEPENDENT SQ. JACKSONVILLE FL 32202	2902 INDEPENDENT SQ. JACKSONVILLE FL 32202-5036				

## **FILED** Jan 14 1997 8:00am Secretary of State



JACKSONVILLE FL 32202		JACKSONVILLE FL 32202-5036					
					3. Date Incorporated or Qualified 11/26/1968	3a. Date of Last Report 02/09/1996	
2. Principal Place	of Business	2a. Mailing Address			4, FEI Number	1	Applied For
21		26			59-1225358		Not Applicable
Suite, Apt. #, et	te	Suite, Apt #, etc			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Z(0 24	Country 25	7/p Country 8. This corporation has liability for intangible tax under 29 30 Florida Statutes Yes No					ler s. 199.032,
	, Name and Address of Curre		1551		10. Name and Address of New Re	istered Agent	
DATZ,AL	BERT J			81 Name			
	DEPENDENT SQUARE		}	82 Street Add	dress (P.O. Box Number is Not Acceptab		
	NVILLE FL 32202			83	dress (P.O. Box Nortiber is Not Acceptab		
				0.5			
				84 City		FL 85	Zip Code
11 Porsuant In In	in provisions of Sections 607 0	02 and 607 1508. Flor da Stat	tutes the at	nove-named co	rporation submits this statement for the p		ing its registered
office or regis agent. Lam fa SIGNATURE:	thred agont, or both, in thic sta irn, ar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505,	s aumonzec Florida Stati	n by the corporates.	ation's board of directors. I hereby accep	tine appointmen	it as registered
Slgr -	dire type dibi printen Lame of respetore o≥	gert ar on the it applicables (N	OTE: Registered	Agent signature requ	ulred when reinstating)	DATE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE PD		☐ DELETE	1.1 TIT	LE		Cha	inge 🔲 Addition
	ATZ,ALBERT J		1.2 NA	ME			
Chan may k 55	02 INDEPENDENT SQ.		13 ST	REET ADDRESS			
OTHER PERSONS ASSESSMENT	CKSONVILLE FL		140	TY-ST-ZIP			
TITLE		☐ DELETE	2 1 Th	LF .		[] Cha	inge 🔲 Addition
	COBSON, SAMUEL S.		22 NA	ME			
Bright upp #55	02 INDEPENDENT SQ.		23 81	HEET ADDRESS			
C 11 O1 111	CKSONVILLE FL			TY - ST - ZIP			
THE VD		☐ DELETE	3 1 111	LE		L] Cha	ınge 🔲 Addition
	MBCKE, CHARLES		3.2 NA	ME .			
	02 INDEPENDENT SQ.		3381	REET ADDRESS			
	CKSONVILLE FL			TY - S1 - ZIP		[ ] A	
TIBLE		DELETE	41111			☐ Cha	inge [] Addition
NAME			4. 2 N				
STREET ADDRESS			4.3 \$1	REFT ADDRESS			
CITY-ST-ZIP				IY - \$1 - ZIP			TT. 188
111cF		DELETE	5.1 TIT	i i		Cha	ange
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS	·		
CITY ST-7P				TY-S1-7IP			
hitté		L_) DELETE	6 1 TIT	'LE		Cha	inge 🔲 Addition
NAME			6.2 NA	ME			
STREET ADORESS			6.3 ST	REE1 ADDRESS			
POTO CL ST			6.4.00	TV CT 710			

14. I do 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 information or the exemption 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