	NOW, FILING F	CC ACTED I	9 21 1 VAN	225 00					
PROFIT CORPORATION ANNUAL REPORT 1996		FL	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUM	IENT # 600	759	(5)						
	AND & BLOCK, P.A.								
Principal Place o	f Business	Mailing Ac	ddress					8 3 8 8 5 8 1	
SUITE 1113 SUIT			E. BAY STREET E 1113 SONVILLE FL 32202			3. Date Incorporated or Qualified	3a. Dai	te of Last Repo	ort
						12/31/1968	<u> </u>	04/18/199	
2. Principal Plac	e of Business	2a. Mailing				4. FEI Number		h	olied For Applicable
21 219 No	<u>rth Newnan Stree</u>		North New	man_St	reet	59-1226135		\$8.75 A	
Suite, Apt. #, 22	etc. rocco Temple		Apt #, etc. d Morocco T	emple		5. Certificate of Status Desired		Fee Rec	quired
Cty & State Jackso	nville, FL 3223	City &	State cksonville,	FL _2.	20	Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	Fees
√ Ziρ 2220	Country 2 25 US	Zip 29	32202 ₃₀	Countr;		8. This corporation has liability for Florida Statutes Yes	intangible No	tax under s 19	9.032,
24 3220	9. Name and Address of C		, <u>ii.</u>	1		10. Name and Address of New I	Registered	J Agent	
<u> </u>				8, N	ame				
PENI A	NO,S PERRY			82 S	treet Add	ress (P.O. Box Number is Not Acceptat	ble)		
233 FAST RAY STREET						North Newnan Street	<u> </u>		
0.1						Morocco Temple			
JACKSONMILE FL 32202 B4 City					its:	ksonville	FI	65 Zip C	2202
or registere familiar witt	o the provisions of Sections 60 ad agent, or both, in the State o i, and accept the obligations o	nt Mooda, Such Chans	ic was aumonzed bi	ne above nam y the corpora		ration submits this statement for the purified of directors. Thereby accept the app	irpose of coolintment a	hanging its reg	istered office
SIGNATURE _	Signatize i typed or pentied name of eap do				producer resignare	ADDITIONS/CHANGES TO OF	DATE EICERS AL	ND DIRECTOR:	S IN 12
12.		RS AND DIRECTORS	DELETE	13.		ALCHIONS/OFIANGES TO OF	I IOCHO AI		Addition
TITLE	P PEN AND O DEDDY	· en	bear it	1.2 NAM					
NAME STREET ADDRESS	PENLAND, S. PERRY 233 EAST BAY STRE	, ON. SET CHITE 1113		13 STRE 1 AD	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL			14 City ST Z					
TITLE	VP		(X) DELETE	2 1 Hfs	ν	/P		Change Ch	Addition
NAME	BLOCK, ERIC S.			2.2 NAM		esley Blackner			_
STREET ADDRESS	233 EAST BAY STRE	ET, SUITE 1113		2.3 STREET AD		19 N. Newnan Street		Morocco	Temple
CHTY - ST - ZIP	JACKSONVILLE FL		EN 55-116	24 CITY ST 2	^{γιρ}	lacksonville, FL 3220	02	X Change	☐ Addition
TITLE	ST	_	™ DELETE	3 1 HIU:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) Ismia I. Wilitalla		A ondrige	Lad - Spanish
NAME	BLACKNER, LESLEY			3.2 NAME		Jamie L. Militello 119 N. Newnan Street	014	Morocco	Temp1e
STREET ADDRESS	233 EAST BAY STRE	ET, SUITE 1113		33 SEP ELAD		Jacksonville, FL 3220		1101 0000	rempre
CtTY-ST-ZtP	JACKSONVILLE FL		DELETE	3.4 C(1) -ST-3 4.1 T(1)	(11'	ACKSUNIVITIE, FL 344	<u> </u>	☐ Change	☐ Addition
THILE	I								

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and close not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or suppliernental annual report or true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplierned by Chapter 607, Florida Statutes, I further certify that the information indicated on the same legal effect as if made under certify that the information indicated on the same legal effect as if made under certify that the information indicated on this annual report or supplier and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplier and accurate and that my signature 6.4 CH + - ST - 21F

4.2 NAN E

5 1 TIT E

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43 STRIET ADDRESS

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NAME

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