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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

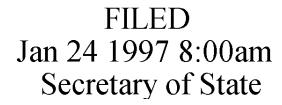
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604997

97 (7)

RALSTON & COMPANY, P.A., CERTIFIED PUBLIC ACCOUNTANTS





Dringing Diago	of Discipling	Mailing Address						
Principal Place of Business Mailing Address  8777 SAN JOSE BLVD. BLDG E  JACKSONVILLE FL 32217 BACKSONVILLE FL 32217			), BLDG E					
					3. Date Incorporated or Qualified	3a. Ds	te of Last B	enort
					01/31/1974		•	
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	1		
21		26						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	:	City & State			Election Campaign Financing     Trust Fund Contribution	П	e of Last Report  O8/1996  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees ax under s. 199.032, No Sent  85 Zip Code  changing its registered dintment as registered  OChange Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition	
Zip	Country	Zip ·	Cou	intry	8. This corporation has liability for in			
24	25	29	30	,	Florida Statutes	Yes	No No	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Reg	istered /	Agent	
	TMAN, BERT J.,JR.			81 Name				
8777 SAN JOSE BLVD, BLDG E JACKSONVILLE FL 32217			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
JAC	MOUNTILLE FL 32217			83				
	1							
		1		84 City		FL	<b>85</b>   Zip •	Code
	o the provisions of Socions 607,0587	607 1508 Florida Statu	tes, the a	poye-named cor	poration submits this statement for the pu		changing it	s registered
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Such change was in just of Section 607 0505, FI	authoriza orida Sia	d by the corpora	ation's board of directors. I hereby accept	the app	ointment as	registered
SIGNATURE	the t	Monn	. //			1/16	147	
	Signal and typed or Americana of his deep agor			d Agent signature requ		DATE		OC IN 12
12.	OFFICE/AS AND  VPD	DELETE	13.	TI F	ADDITIONS/CHANGES TO OFFICE	ENO AINL		
NAME	MATHEWS, STEVE		12 N				C. C. C. Igo	- Aldardon
STREET ADDRESS	8777 SAN JOSE BLVD #E		1	TREET ADDRESS				
CITY - ST - ZIF	JACKSONVILLE, FL 00000			ITY-ST-ZIP				
Til , F	PD	☐ DELETE	211	TLE			Change	Addition
NAME	PITTMAN, BERT J, JR		22 N	AME				
SPEEFT ADDRESS	8777 SAN JOSE BLVD #E		238	TREET ADDRESS				
CL.A - 81 - 216	JACKSONVILLE, FL 00000 STD	T I DELETE		CHTY-ST-ZIP			Change	- Addition
DT:E	SHEALY, ROBERT B.	☐ DELETE	31 T 32 N				Change	L.J AQUIION
STREET ADDRESS	8777 SAN JOSE BLVD #E			TREET ADORESS				
CHY+SI-ZIP	JACKSONVILLE FL			CITY-ST-ZIP				
THE		DELETE	4.1 T				Change	Addition
NAME .			4 2 1	IAME				
STREET ADDRESS.			4.3 S	Tree'i Address				
City-St-7iP			440	ITY-ST-ZIP				
THE		L] DELETE	5.1 T					L) Addition
NAVE			5.2 N					
STREET ADDRESS			- 1	TREET ADDRESS				
CUY-ST-ZIP TILE		DELETE	5.4 C	ITY-ST-ZIP TLE			Change	Addition
NAME		<u> </u>	6.2 N					
STREET ADDRESS				INEL I ADDRESS				
City St. ZiP			544	HTY-ST-ZIP				
14. I do hore:	by certify that the information supplied	I with his filing does not out	ry for the	exemption state	ed in Section 119.07(3)(i), Florida Statutes	. I furthe	r certify that	the
Lam an of	n indicated on this abhual report or si ficer or director of the corporation of	rie hageiver er trudge groot s	wored to	execute this rec	ort as required by Chapter 607, Florida S	atutes; a	nd that my	name
appears in	n Block 12 or Block 13 if changed for	on an attachment to tall an ad	ovess.		1 .			
SIGNAT	URE:	VI WIM	In	- ///	1/16/1	17		
orwith!	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	тоя	Dogle	C)	aytime Prione #	