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PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 627493

(0)

FILED Apr 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 37368				368 NY AVENUE	3. Date incorporated or Qualified 3a. Date		d 3a. Date of Le	e of Last Report	
2. Principal Place of Business			2a. Mailing Address			06/22/1979 4. FEI Number	04/19/19	Applied For	
21			26			59-1932650		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional	
22 City & State			City & Stato		6. Election Campaign Financing		e Required		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	, ,	Country	Zip		Country	B. This corporation has liability for		er s. 199.032,	
24	25	444	29 nt Registered Ager		30	Florida Statutes 10. Name and Address of New F	Yes No		
SMITH, HERBERT L. 4533 HIGHWAY AVENUE JACKSONVILLE FL 32205				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
				84 City	i	FL 85	Zip Code		
	to the provisions of registered agent, of amiliar with, are	of Sections 607.050 or both, in the State nd accept the oblig	02 and 607.1508, Flaction of Florida Such characteristics of Section 60	orida Statute nange was au 07.0505, Flor	s, the above-named co althorized by the corpor rida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of changi ept the appointmen	ng its registered t as registered	
SIGNATURE	Signature, typed or prin	iled name of registered ag	ent and life if applicable	(NOTE:	Registered Agent signature req		purpose of changi ept the appointmen	TORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD SMITH, HERI 5774 SWAMI	OFFICERS AN OFFICERS AN BERT L PFOX ROAD	ent and life if applicable		Registered Agent signature reg 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS	gured when reinstaling)	purpose of changi cept the appointmen	TORS IN 12	
SIGNATURE 12. TITLE NAME	PD SMITH, HERI 5774 SWAMI	of Pagestored ag OFFICERS AN	ent and life if applicable ID DIRECTORS	(NOTE:	Registered Agent signature reg 13. 1.1 TRLE 1.2 NAME	gured when reinstaling)	purpose of changi ept the appointmen	TORS IN 12 ige	
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I do nereby 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 the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on in all athreed with an officer.

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