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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

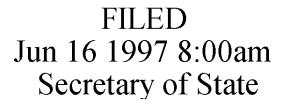
Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 649255

(7)

QUENTIN T. TILL, P.A.



Principal Place of Business Mailing Address						- I FOOME ONLINE (\$110 MINO) ONDE SUIT		IIII BIIII BIBI		
1833 ATLANTIC BLVD. JACKBONVILLE FL \$2207		1833 ATLANTIC BLVD. JACKSONVILLE FL 32207-3459								
						3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1979 10/23/1996				
 '	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
Sulte, Apt.	# etc	Suite, Apt. #, etc.			.	59-1962190			ol Applicable Additional	
22		——————————————————————————————————————	27			5. Certificate of Status Desired			Additional lequired	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			s. 199.032,	
24	25	29	30				Yes [
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Re	gistered /	\gent		
TILL, QUENTIN T										
	S ATLANTIC BLVD. KSONVILLE FL 32207				Street Add	ress (P.O. Box Number is Not Acceptat	ole) 			
	4			83						
				84	City		FL	85 Zip	Code	
11. Pursuant to office or reapent. I as	to the provisions of Soctions 607 0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida Such change was itions of, Section 607.0505, Fl	es, the at authorized orida Stat	ove by utes	e-named corp the corporal s.	poration submits this statement for the p tion's board of directors. I hereby acce		changing i ointment as	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title discreticable (NO)	E: Registeres	I Age	ent signature requi	red when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13				3	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PSD DELETE 1.1		1.1 1(1	.1 TITLE				Change	☐ Addition	
NAME	TILL, QUENTIN T		1.2 NA	ME	1				;	
STREET ADDRESS	1833 ATLANTIC BLVD.	1.3 5		STREET ADDRESS						
CITY+ST-ZIP				1.4 CITY - ST - ZIP				Change	Addition	
TITLE				2.1 TOLE 2.2 NAME				☐ Change	E Addition	
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			2.40		ļ					
TITLE	***	DELETE			31-211			Change	Addition	
NAME			3.2 NA	Μŧ						
STREET ADDRESS			3.3 ST	REE T	ADDRESS					
CITY-ST-ZIP			3.4. CI	1Y-S	ST - ZIP					
TIFLE		☐ DELETE	4.1 TIT	ιF				Change	☐ Addition	
NAME			4. 2 N	AME						
STREET ADDRESS			, 4.3 ST	RECT	ADDRESS					
CITY-ST-ZIP		Ditte	4.4 CI		7-219			Change	Addition	
TITLE		L. DELETE	5.1 111					☐ €Mange	E NOUIRON	
NAME OTREET ADDRESS			5.2 NA		ADDRESS					
STREET ADDRESS					į.					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CI 6.1 TII		11-ZIF			Change	Addition	
NAME			6.2 NA					- ·		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI		1					
14. I do heret	by certify that the information supplied	with this filing does not quali	fy for the	exe	mption state	d in Section 119.07(3)(i). Florida Statuto	s. I further	certify that	t the	

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.