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NONPROFIT **CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 758241

(4)

FILED Feb 17 1998 8:00am Secretary of State

Joan	R MILL COMMON AS	SUCIATION	i, inc.												
Principal Plac	e of Business	1	Mailing Addr	ess				7	T TÅRKIT LÆBAN.	BIIDI IBIIB HBII B	MARI NIRI WIRN	Biğli gili	i dian n	IAM BIRIT M	/U
6015 MORROW STREET E. SUITE 211 JACKSONVILLE FL 32217			6015 MORROW STREET E. SUITE 211 JACKSONVILLE FL 32217				3. Date incorporated or Qualified 10/29/1981 4. FEI Number Applied For								
2. Principal P	Place of Business	20	Mailing A	ddress	· · · — ·			+	59-2174			•		ot Applic Additions	
21		26]					5.	Certificate of 5	Status Desired		Ψ'		equired	
Suite, Apt.	#, etc.		Suite, Apt	t. #, etc.				6.	Election Camp	•				May Be	
City & Stat	Α	27	City & Sta	ate	 -		 -	┵	Trust Fund Co					Fees	
23		28	¬ '''					\ \frac{\cdots}{\cdots}	is this nonprof	it corporation	a nornacwi	lers ass		nr	
Zip	Country		Zip		Coun	ntry		8.	This corporation	on owes or has	s paid the	ourrent :	year In	angible	
24	25	29			30				Personal Prop	erty Tax due J	une 30.	☐ Ye		No	
	9. Name and Address o	T Current Heg	Istered Age	nt		61 N	Name	10.	Name and Ad	dress of New	Hegistere	a Ager	<u> </u>		
BANNING MANAGEMENT, INC. 6015 MORROW STREET E. SUITE 211					L	82 S	Street Add	iress (P	P.O. Box Numbe	er is Not Acce	ptable)				
JACKSC	INVILLE FL 32217				Ē	84 (City				F	, 85	Zip	Code	
11. Pursuant	to the provisions of Sections	617.0502 and	617.1508, FI	lorida Statu	ites, the abo	ove-n	amed cor	poration	n submits this e	tatement for ti	ne purpose	of chai	nging i	ls registe	red
	to the provisions of Sections registered agent, or both, in t im familiar with, and accept t	617.0502 and he State of Flo he obligations	617.1508, Frorida, Such of of, Section 6	lorida Statu hange was 17.0503, F	ites, the abo authorized lorida Statu	ove-n by thutes.	amed cor ne corpora	poration tion's b	n submits this e board of directo	tatement for ti rs. I hereby ac	he purpose coept the a	of chai ppointn	nging i nent as	ts register register	red ed
SIGNATURE	Signature, typed or printed name of rej	stered agent and h	itle If applicable.		TE: Registered /	_	_	ired when	n reinstating)		DATE				red ed
SIGNATURE .	Signature, typed or printed name of tea OFFIC		itle If applicable.	Ö(A)	TE: Registered /	Ageni s	_	ired when			DATE	ND DIR	ECTOF	RS IN 12	
SIGNATURE , 12. Title	Signature, typed or printed name of rep OFFIC	stered agent and h	itle If applicable.		13.	Ageni s	_	ired when	n reinstating)		DATE	ND DIR			
SIGNATURE . 12. TITLE NAME	Signature, typed or printed name of tea OFFIC	stered agent and ti ERS AND DIRE	itle If applicable.	Ö(A)	TE: Registered /	Ageni s LE ME	signature requ	ired when	n reinstating)		DATE	ND DIR	ECTOF	RS IN 12	
SIGNATURE . 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of recognition of STD ROMITA, JOAN	stered agent and ti ERS AND DIRE	itle If applicable.	Ö(A)	13. 1.1 TITL 1.2 NAM	Ageni e LE ME REET AD	DRESS	ired when	n reinstating)		DATE	ND DIR	ECTOF	RS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or proted name of ten OFFIC STD ROMITA, JOAN 3801 CROWN POINT JACKSONVILLE FL D LONG, LAMAR	palered agent and hi ERS AND DIRE	itle If applicable.	(NO	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	Ageni e LE ME REET ADI Y - ST - Z LE ME	DRESS	ired when	n reinstating)		DATE	ND DIR	ECTOF Change	IS IN 12	dition
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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 to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2-3-98