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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

759294

(2)

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| Principal Place | of Business | Mailing Address | | T FARINI IRRE BINA IRNO IRNO IRRA IRANI RI | IBI BIDII BIBII BIBII BIBII BIBII BIBII FABI |
|---|---|---|--|--|---|
| P.O. BOX 45 701 SAN MA JACKSONVIL | IRCO BLVD. | P.O. BOX 4579 701 SAN MARCO BLVD. JACKSONVILLE FL 32207 | | | |
| | | | | 3. Date Incorporated or Qualified 07/23/1981 | 3a. Date of Last Report 05/01/1995 |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | <u> </u> | 59-6013008 | Not Applicable |
| Suite, Apt. 4 | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State |) | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for inta | |
| 24 | 25 | | 10 | | Yes No |
| | 9. Name and Address of Cu | rrent Registered Agent | B1 Name | 10. Name and Address of New Reg | istered Agent |
| AICTTIAI | O 1400141444 1 | | ' ' | reusch Ema | |
| | g, William, L Ongview Circle | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | - CL\-1- >1 |
| i i | ONVILLE FL 32223 | | 83 | 39 bottle Co | er of mont |
| UNDROC | SITTILLE I E OLLEO | | | | |
| | | | 84 7700 | ran | FL 85 Zip Code 2 > 2 5 6 5 |
| 11. Pursuant t | to the provisions of Sections 617.0 | 2502 and 617.1508, Florida Statutes, | the above named corpo | ration submits this statement for the purpo | se of changing its registered office |
| familiar wit | th, and accept the obligations of, S | Section 617.0503, Florida Statutes. | by the corporation's boa | ird of directors. I hereby accept the appoint | tment as registered agent. Lam |
| SIGNATURE _ | Signature, typed or printed name of registered | sob | Registered Agent signature require | Sof when renetahous | (<u>Lalay</u> |
| 12. | | | | | E |
| | OFFICERO | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | ERS AND DIRECTORS IN 12 Change Addition |
| — — | PD Warren, Sharon | | 1.1 TITLE 1.2 NAME | nomas, Carrose | |
| TITLE | PD Warren, Sharon 10511 Doniplan Dr. | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 2.1 | D nomas, Corrose 232 allendale Cr | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Warren, Sharon 10511 Doniplan Dr. Jacksonville Fl | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | D nomas, Corrose 232 allendale Cr accomposite fi | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD WARREN, SHARON 10511 DONIPLAN DR. JACKSONVILLE FL DV THOMAS, CARROSE | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | D nomas, Carrose 232 allendale Cr accompule, fl loy, Klithelmina | ☐ Change ☐ Addition |
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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 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:

51691 Daytime Prone #