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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F74596 (0)

1. Corporation Name
6601 CORPORATION

Principal Place of Business
**4250 LAKESIDE DR
 208
 JACKSONVILLE FL 32210
 US**

Mailing Address
**P O BOX 22
 ORTEGA STATION
 JACKSONVILLE FL 32210-0022
 US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

30 Zip Country

3. Date Incorporated or Qualified **03/26/1982**

3a. Date of Last Report **03/21/1996**

4. FLI Number **59-2200758** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HELMICK, JR., JOHN P.
 4250 LAKESIDE DR #208
 JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registrant as listed on certificate, if applicable) (Typed or printed name of registered agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BROWN, LILA B.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HELMICK, JOHN P JR.	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BROWN, BARRET	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HELMICK, EMILY S	
STREET ADDRESS	4250 LAKESIDE DR #208	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	HELMICK, MARC A.	
STREET ADDRESS	4250 LAKESIDE DRIVE #208	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	HELMICK, CLAUDETTE	
STREET ADDRESS	4250 LAKESIDE DRIVE #208	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32210
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	32210
3.1 TITLE	AS/V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32210
6.1 TITLE	AV/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	32210

14. I do hereby 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 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.

SIGNATURE: *Lila Brown* *Lila Brown* 4/17/97 904-389-7340

CR2E034 (9/96)