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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

F90166

(2)

Principal Plac	e of Business	Mailing Address				
2728 FOXWOOD ROAD SOUTH ORANGE PARK FL 32073 2728 FOXWOOD RO ORANGE PARK FL 32073			ROAD SOUTH FL 32073	some some some bille ditt dibit bibtt		
				3. Date Incorporated or Qualified	3a. Date of La	ist Report
2. Principal F	face of Business	2a. Mailing Address		07/07/1982		19/1995
11		26		4. FEI Number		Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		59-2200209		Not Applicat
City & Stat		27		5. Certificate of Status Desired		.75 Additional ee Required
3]	~	City & State		6. Election Campaign Financing		5.00 May Be
Zipi	Country	7ip		Trust Fund Contribution	_	dded to Fees
4	25	29	Country 30	8. This corporation has liability for	r intangible tax und	ers 199.032,
	9. Name and Address of	Current Registered Agent		Florida Statutes Ye 10. Name and Address of New	s IIMo	
41010			81 Name	And Address of Man	riegistered Agent	
HOLE	ROOK, H LEON		82 Street A	ddress (P.O. Box Number is Not Accepta		
ONE	INDEPENDENT SQUARE NDEPENDENT DRIVE		<u> </u>		ible)	
JACK	SONVILLE FL 32202		83			
onor.	SOMVILLE PL SZZUZ		84 City			
1. Pursuant i	o the provisions of Sections 60	07.0502 and 607.1508. Florida State	too the sha	poration submits this statement for the purposed of directors. I berefy accept the acc	FL 85	Zip Code
familiar wi	h, and accept the obligations of	or riorda. Such change was author of, Section 607.0505, Florida Statute	ized by the corporation's boos.	poration submits this statement for the purposed of directors. I hereby accept the app	rpose of changing i pointment as registe	ts registered off red agent. I am
DESTRUCTED BY					·	-
IGNATURE _	Signature, typing or pointed mail ie of regulae	red agost and free if applicable (N				
2.	Signature, Typind or pointed name of registe OFFICE	red agest and tree if applicable (N RS AND DIRECTORS	401t: Registered Agent signature requ	ured when reinstating)	DATE	
2. L!	Signature, lyped or point on name of riggrate OFFICE PST	red agost and free if applicable (N	IOTE: Registered Agent signature requ		DATE FICERS AND DIREC	TORS IN 12
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SIGNATURE: The SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L Blockow 124.96 904 269 0665