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CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

E02000004120 (0)

	NETT BRASS OF FLORIDA I o of Business OX AVENUE VILLE FL 32254	Mailing Address 3333 LENOX AVENT JACKSONVILLE FL US				
				 Date Incorporated or Qualified 09/10/1993 		ast Report 02/1995
21	lace of Business	2a. Maifing Address 26		4. FEI Number 59-1380437		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional
City & State	9	City & State		6. Election Campaign Financing	_ \$	Fee Required 5.00 May Be
Zip	Country		Country	Trust Fund Contribution		Added to Fees
24	25	29	30		es 🗌 No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agen	t
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Add 83 84 City	dress (P.Ö. Box Number is Not Accepta	- 85	Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida	and £07.1508, Florida Statute	es, the above named corpo	pration submits this statement for the pu	F L.	
						ing iogoroupe of a
ramıllar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	on 607.0505, Florida Statutes	ed by the corporation's boa :	ard of oirectors. I hereby accept the api	pointment as régist	ered agent. I am
ramıllar wit _ SIGNATURE	in, and accept the obligations of, Sectio	on 607,0505, Florida Statutes	s.	and or officerors. Thereby accept the app	pontment as regist	ered agent. I am
ramiliar wit SIGNATURE _ 12.	In, and accept the obligations of, Sections Signature, typed or printed raine of registered agent a	on 607,0505, Florida Statutes	The Registered Agent signature require	ed when recistating	DATE DATE	ered agent. I am
ramiliar wit SIGNATURE _ 12.	Signature, tyred or printed have of registered again a OFFICERS AND	on 607,0505, Florida Statutes). Other Registered Agent signature require	and or officerors. Thereby accept the app	DATE FICERS AND DIRE	ered agent. I am
SIGNATURE	n, and accept the obligations of, Section Signature: typed or princed raths of rightered agent a Of FICERS AND PD PRAY, WILLIAM R	on 607,0505, Florida Statutes and site if any icalia	i). htt: Registered Agent signalme require	ed when recistating	DATE DATE	ered agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Andrea M. Luiga

5-01-96 (904)364-

CR2E034 (12/95)