

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002629 (3)**

1. Corporation Name

ANNO DOMINI, INC.



Principal Place of Business 2911 SCOTT MILL LANE JACKSONVILLE FL 32217	Mailing Address P.O. BOX 32405 JAX FL 32237-0405 US
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3. Date Incorporated or Qualified 05/20/1994	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 93-0799236	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent RAINIE, W W 4190 BELFORT ROAD JACKSONVILLE FL 32216	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, JOHN	1.2 NAME	
STREET ADDRESS	2911 SCOTT MILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	
TITLE	TDS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, KATHLEEN	2.2 NAME	
STREET ADDRESS	10487 DOCKSIDER DRIVE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBERT, DAVID	3.2 NAME	
STREET ADDRESS	4327 RUSTLING LEAF LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILLING, MARTY	4.2 NAME	
STREET ADDRESS	3385 CHEYENNE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINIE, WARD	5.2 NAME	
STREET ADDRESS	4304 FALLING LEAF COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATHMANN, DAVID	6.2 NAME	
STREET ADDRESS	12451 MUSCOVY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

CR2E037 (9/96)