FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

,	1997				ary of State CORPORATIONS	Secret	ary of State
	MENT # n Namie B. JAFFA C		93	(5)			•
Principal Place	e of Business		Madu	ng Address			
3491 PALL MALL DRIVE			PALL MALL DRIVE				
STE. 201 JACKSONVILLI	E FL 32257-5483		STE. Jaci	- 201 Ksonville fl 32251	7-5463		
US			US			3. Date Incorporated or Qualified	· ·
2. Principal P	Tace of Busines	5	2a. M	lailing Address		09/09/1982 4. FEI Number	04/09/1996 Applied For
21]	Suite, Apt. #, etc		26			59-2220409	Not Applicable
22] Suite, Apt.	#, €:(C)		27	iuite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	C			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	7	ıp	Country		or intangible tax under s. 199.032,
24	9 Name an	d Address of Cur	rrent Register	red Agent	[30]	Florida Statutes 10. Name and Address of New F	Yes No
			, on the ground		81 Name	101	
ELEFANT, FRED, ESQ. 1650 PRUDENTIAL DR., SUITE #100			F105		82 Street Ad	dress (P.O. Box Number is Not Accept	able)
	CKSONVILLE I		100				
					63		
					B4 City		85 Zip Code
					1		FL V
11. Pursuant office or ragent it a					utes, the above-named oc authorized by the corpor lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose of changing its registered ept the appointment as registered
SIGNATURE		raled raine of registeric	d agent and tire में ब	pplicable (NO	ates, the above-named oc authorized by the corpor lorida Statutes.	quired when reinstating)	e purpose of changing its registered ept the appointment as registered
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4. 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 suppliemental 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 efficient or director of the composition of the recovery or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Block 12 or

SIGNATURE

NATURE AND TYPED OF PRINTED LAME OF SIGNING OFFICER OR

7 Feb 97

(9 64) 268.8617

FILED

Feb 28 1997 8:00am