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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

904-396-0060

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # G30383** 

(5)

1. Corporation SANDATA		(0)		   1200141 2008 20141 0000 1470 18108	1 ANN AND F BARN DIBNI BIDNI AND HEBAN DAN	
Principal Place of Business 4811 BEACH BLVD SUITE 101 JACKSONVILLE FL 32207-4867		Mailing Address  4811 BEACH BLVD. SUITE 101  JACKSONVILLE FL 32207-4867 US				
US		US		<ol> <li>Date Incorporated or Qualifie 03/24/1983</li> </ol>	od 3a. Date of Last Report 04/24/1996	
2. Prinopal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite Apt #	# cate	Suite. Apt #, etc		59-2281035	Not Applicable   \$8.75 Additional	
Ounter Pyrc P 12]	9. 600,	27		5. Certificate of Status Desired	Fee Required	
City & State	!	City & State		6. Etection Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
- Ζιρ 	Country	Zip	Country	•	for intangible tax under s. 199.032,	
24]	25  9. Name and Address of Curren	29 29 Agent	30	Florida Statutes  10. Name and Address of New	Yes No	
KRAY	YER, EDWARD J.	I negletored whom	81 Name			
	HIDDEN LAKE DRIVE WEST			KRAYER, EDWAR	<u>/0                                    </u>	
	SKONVILLE FL 32218		82 Street A	Address (P.O. Box Number is Not Accept	LANE TAS	
			83 0		2. M	
			84 City		RE Zin Code	
				ACKSON VILLE	FL 85 Zip Code 32256	
office or o	egistered agent, or both, in the State	of Florida. Such change was	s authorized by the_corp	corporation submits this statement for the poration's board of directors. I hereby ac	ne purpose of changing its registered	
agent Lar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes.	ALVIZ.	* C-07	
SIGNATURE		KRAYUR	(8)	was Aren	4-87/	
12.	Signatur ingredior proved name of registered age OFFICERS ANI		OTE: Registered Agent signature  13.		FICERS AND DIRECTORS IN 12	
TILE	PSD OF TOUR AND	DELETE	11 TITLE	PSP	Change Addition	
NAME	KRAYER, EDWARD J	-	1.2 NAME	KAAYER, EDWAKO	) J #	
STREET ADORESS	3210 HIDDEN LAKE DR, W		1.3 STREET ADDRESS	10113 WHIPPOORWILL	- LANE 1712	
CITY-S1-7-2	JACKSONVILLE, FL 00000		1.4 CłTY - ST - ZIP	JACKSON VILLE	FL 32256	
Tifle	VTD	DELETE	2.1 TITLE	VTD '	Change Addition	
NAME	KRAYER, ALEXANDRIA		2.2 NAME	KRAYER, ALEXANDRIA	<b>亚</b>	
STREET ADDRESS	3210 HIDDEN LAKE DR, W		2.3 STREET ADDRESS	10113 WH1PPOORWI	LL LANE TOWNS 111	
CITY: \$1 Zor	JACKSONVILLE, FL 00000	T breat	2.4 CITY+ST-ZIP	JACKSONVILLE,	FL 32256	
HILL		[_] DELETE	3.1 TITLE		Change  Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP TOLE		DELETE	3.4. C(TY-ST-Z(P) 4.1 TITLE		Change Addition	
NAME		<b>January</b>	4. 2 NAME		hanner	
STELL ACORESS			4.3 STREET ADDRESS			
CHT-S' 7P			4.4 CITY-ST-7/P			
TITLE		DELFTE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CIY ST ZIP			5.4 CITY - ST - ZIP			
Telté	ļ.	[] DELETE	6.1 TITLE	İ	Change Addition	
NAVI.	ļ.		6 2 NAME			
STREET ADDIFESS			6.3 STREET ADDRESS			
COY-SI 7P	that the information would	d - 15h this fit as along not our	6.4 CITY-ST-ZIP	total in Continue 110 07/3Vi) Florido Pto	to tan I four how contifus that the	
informatio Lam ari ol	in indicated on this annual report or s	supplemental annual report is rithe receiver or trustee empo	s true and accurate and owered to execute this r	tated in Section 119.07(3)(i), Florida Stati that my signature shall have the same feeport as required by Chapter 607, Florid	legal effect as if made under oath; the	