P CORF ANNU	FILE NOW: FILING FEE AFT PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	JENT #	G86326	(7)			A LANGUNA AND AND AND AND AND AND		D) DIAN DIAN IDAN
Principal Place	of Business	Ma	iling Address					
1544 ATLANTIC BLVD. 1544 ATLANTIC BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32201				7				
						3. Date Incorporated or Qualified 02/24/1984	3a. Date of Last R 05/01/1	995
2. Principal Place of Business 2a. Mailing Address 1 26						4. FEI Number 59-2379618		Applied For Not Applicable
Suite, Apt. #	i, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be d to Fees
Zip 24	Cou 25	ntry 29	Zip 30	Country		8. This corporation has liability for in Florida Statutes	Zing	199.032,
	9. Name and Add	iress of Current Regist	ered Agent	81 Name		 Name and Address of New Re 	gistered Agent	
1737 N	eod, donald Jr. 1 First St. 2011/Le Bch. Fi			82 Street 83 84 City	Address	(P.O. Box Number is Not Acceptable		p Code
or registere	ed agent, or both, in t	ctions 607.0502 and 607 the State of Florida. Such ligations of, Section 607.0	change was authorized b	he above named co y the corporation's	orporations board of	n submits this statement for the purp f directors. I hereby accept the appoi	ose of changing its r	egistered office agent. I am
ŝ	Signature, typed or printed na	me of registered agent and title 4 a		egistered Agent signature r	required whe			<u> </u>
12. TILE	ST	OFFICERS AND DIREC	DELETE	13. 1.1 TITLE	57	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME STREET ADDRESS	JACKSON, E 30492 ABBIN	dward H., Jr. Gton		1.2 NAME 1.3 STREET ADDRESS	197	ISON, EDWARD H. N. T Cald ANTOR CANYO	2	DRS IN 12 Addition 12 SE034 (1503
CITY - ST - ZIP	LAGUNA NIG	UEL CA		1.4 CITY - ST - ZIP	be l	HOLLY MILLS, CALIF		K
TITLE NAME STREET ADDRESS	P Macleod, D 1737 n Firs		DELETE	2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS			Change	Addition
CITY - SI - ZIP	JACKSONVIL			2.4 CITY-ST-ZIP				
TITLE NAME			DELETE	3. 1 TITLE 3.2 NAME			Change	Addition
STREET ADDRESS CITY - ST - ZIP				3.3. STREET ADDRESS 3.4 CITY - ST - ZIP				
TITLE			DELETE	4.1 THTLE	1		Change	Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET ADDRESS				
CITY - ST - ZIP				4.4 CITY-ST-ZIP				
TITLE			DELETE	5. 1 TITLE			Change	Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				5.4 CITY-ST-ZIP	1			
TITLE			DELETE	6. 1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS CITY - ST - ZIP				6.3 STREET ADDRESS 6.4 City-St-Zip	1			
14. I do hereby certify that	the information indic.	ated on this annual record	or supplemental annual r	d and does not qua	ocurate a	ne exemption stated in Section 119.0 nd that my signature shall have the s port as required by Chanter 607. For	ame local effect as it	fmade under
appears in	× /	Birchanged or ch an att	achment with an address.	ven		port as required by Chapter 607, Flor	96 91/3	16963