COR	PROFIT PORATION JAL REPORT	7 * ** *	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		
4000		ON OF CORPORATIONS			
DOCUMENT # H25862 (4)			(4)		
•	ENTERPRISES, INC.				A Billa ijājā ārāji ārāji arāji alber alber bras arāje robe
Principal Place	of Puoisons	Nation Address			
Principal Place of Business ** LEWIS ANSBACHER ***********************************			IPOINT BOULEVARD. SUITE 10		
				3. Date Incorporated or Qualified 10/16/1984	3a. Date of Last Report 05/01/1995
2. Principal Pla 21 2575 i	ice of Business CR 220	2a. Mailing Addre	SS	4. FEI Number 59-2460150	Applied For
Suite, Apt. #	t, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State	eburg, FL	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip 24 32068	Country	Ζφ 29	Country	Trust Fund Contribution 8. This corporation has liability for	or intangible tax under s 199.032,
32000	9. Name and Address of Cur		[30]	Florida Statutes Ye 10. Name and Address of New	es No Registered Agent
11. Pursuant to or registere familiar with	ONMILE FL 32216 the provisions of Sections 607.05 d agent, or both in the State of Fl n, and accept the obligations of, Si	502 and 607.1508, Florida forida: Such change was a ectron 607.0505, Florida S	Statutes, the above named or uthorized by the corporation's tatutes.	orporation submits this statement for the p board of directors. Thereby accept the ap	FL 85 Zip Code urpose of changing its registered office pointment as registered agent. I am
	Signature, typical or printed name of registeric a		(KOTE Registered Aperts gretoe n	equilibrial when remetatings	31243
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	ANSBACHER, LEWIS	DELET	1 1 TITLE 12 NAME] Change Addition
STREET ADDRESS CITY - ST - ZIP	4215 SOUTHPOINT BLVI JACKSONVILLE FL	U#100	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	D D	DELET			Change Addition
NAME STREET ADORESS	SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD#100		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL	·	2 4 CITY - ST - ZIP	_	
TITLE	PS MENARD, JAMES	☐ DELET	E 3 1 TITLE		Change Addition
NAME STREET ADDRESS	1676 DEBBIE LANE		3 2 NAME		
CITY - ST-ZIP	ORANGE PARK FL		3.3 STREET ADDRESS		
TITLE	DY	DELEI	3 4 CITY - ST - 7:P £ 4 1 TITLE		Change Addition
NAME	MENARO, MARY BETH		4.2 NAME		
STREET ADDRESS	1676 DEBBIE LANE		4 3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL	Figure	4 4 CITY - ST - ZIF		
TIFLE NAME		DELET			Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELET			Change
NAME			62 NAME ***	300001 (1 -04/19/9601	86538° Addition 011006/8-96
STREET ADDRESS			63 STREET ADDRESS	###5UU UU	011 197318-46

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V

James Menard

SIGNATURA AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

904-272-5405 Day me Phone •

CR2E034 (12/95)