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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H36128

(7)

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1114 BEACH BLVD 1114 BEACH BLVD PO BOX 50129 PO BOX 50129 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-3404					
				3. Date Incorporated or Qualified 12/26/1984	3a. Date of Last Report 04/30/1996
- 1	Place of Business	2a. Mailing Address		4. FEI Number	Applied F
Suite, Apt.	# alc	Suite, Apt. #, etc.		59-2490265	Not Applic \$8.75 Addition
2	W, 010.	27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28	pz	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.03 □ Yes - □ No
4	9. Name and Address of Current	29 t Registered Agent	[30]	Florida Statutes 10. Name and Address of New Re	
W	OOD, THOMAS H.		81 Namo		<u></u>
11	14 BEACH BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptat	ble)
JA	ACKSONVILLE BEACH FL 32250				
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the above-named corp	poration submits this statement for the p	purpose of changing its regist
agent. I a					
SIGNATURE	Signature, typed or proded traine of registered ager	of and fille if applicable (NO	TE: Rog stored Agent signature requ	red when reinstating)	DATE
SIGNATURE		of and fille if applicable (NO			DATE
SIGNATURE 12. IIILE	Signature, typed or product traine of registered ages OFFICERS AND TARVER, JACK	nt and file if applicable (NO DIRECTORS	TE Bog stered Agent signature requ	red when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. IITLE NAME	Signature, typed or product came of registered agent of the Control of the Contro	nt and file if applicable (NO DIRECTORS	TE Hegistered Agent signature requi	red when reinstating)	DATE CERS AND DIRECTORS IN 12
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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 exactly this report as required by Chapter 677, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment withyan adviress.