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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1997  VMENT # H615( CITY DEVELOPMENT COL		CHALL BLAN EXEM		QUEN LECK			
Principal Prace of Business 4967 WATER OAK LANE			4987 WATER OAK LANE					
JACKSONVILL	LE FL 32210	JACKSONVILLE FL 3221	10-8151		3. Date Incorporated or Qualified 06/06/1985	3a. Date o		eport
21	Place of Business	2a. Mailing Address 26 Suite, Apt #, etc		,	4. FEI Number 59-2545843		Ap No	pplied For ot Applicable
Suite, Apt 22 City & Str		27 City & State			5. Certificate of Status Desired	<u> </u>	Fee Re	
23	Country	28	Coun	Ar.	Election Campaign Financing     Trust Fund Contribution		\$5.00 t bebbA	to Fees
Z p 24	25)	Zip 29	30	iir y	8. This corporation has liability for Florida Statutes	intangible tax Yes 🔲 N		199.032,
	9. Name and Address of Cu				10. Name and Address of New Re			
JAC	BY WATER OAK LANE CKSONVILLE FL 32210 it to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 607.1508. Florida Sta state of Florida. Such change wa bligations of, Section 607.0505		B3 City	poration submits this statement for the pation's board of directors. I hereby acceptance	FL <sup>[8</sup>	1	Code s registered registered
SIGNATURE	Signature, typical or printed name of registers		IOTE: Registered	Agent signature requ	uired when reinstatrig!  ADDITIONS/CHANGES TO OFFIC	DATE		
12,	DP	AND DIRECTORS  DELETE	1,1 Tift	E T	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	BENTON, JERRY S.		12 NAM	NE ,			~	
STREET ADORESS	4967 WATER OAK LANE		1.3 STA	EET ADDRESS				
COTY ST 20F	JACKSONVILLE FL		1.4 CIT	r - ST - ZiP				
THE		☐ DELETE	21 117	Į			Change	Addition
NAME			2.2 NAM		•			
STREET ADDRESS	; i			EET ADORESS				
COY ST-72		DELETE	3.1 7171	Y-ST-ZIP E			Change	Addition
INTAN			3.2 NAM	AE			-	
STREET ADDRESS	;, }		3.3 STR	FET ADDRESS				:
CHTY ST-ZIP				Y-ST-ZIP		···	····	
11161		☐ DELETE	4 1 TITE	- }		L	Change	Addition
NAME			4. 2 NA					
STHEFT ADDRESS				EET ADDRESS				
C-TY+ST-ZIP TITLE		DELETE	5.1 TiTL	Y-ST-ZIP			Change	Addition
NAME		- 0.cc/r	5.2 NAM	ì		L1	-1 na 1914	mend ( secretary)
STREET ADDRESS	5		1	EET ADDRESS				
CITY-ST ZIP				Y-ST-ZIP				i
TITLE		DELETE	6 1 THL	<del></del>			Change	Addition
NAME			6.2 NAM	AE [				
STREET ADDRESS	5		63 STR	EET ADDRESS				
CITY-S1-7#				Y-ST-ZIP		,		
<b>14.</b> I do here	eby certify that the information sup	plied with this filing does not qu	alify for the e	exemption state	ed in Section 119.07(3)(i). Florida Statute	s. I further ce	rtify 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; 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.

FILED

Mar 28 1997 8:00am

Secretary of State

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