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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # JC

(7)

FILED Apr 23 1997 8:00am Secretary of State

DELAY - THOMPSON & COMPANY FINANCIAL AND BUSINES S CONSULTANTS, INC. Principal Prace of Business Mailing Address PARK CENTRE AT SOUTHPOINT PARK CENTRE AT SOUTHPOINT 4190 BELFORT RD SUITE 425 JACKSONVILLE FL 32218 JACKSONVILLE FL 32216-1411									
US		US				3. Date incorporated or Qualified 04/14/1986		te of Last R /22/1996	aport
2. Principal	Piace of Business	2a. Mailing Add	ress			4. FEI Number	1 02		plied For
21		26				59-2659927			t Applicable
Suite, Apt	1 #, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
22] Oity & Sta	16	City & State			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing			· ···········
23	IEA	28				Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	ļ.,,,,,,,	Country	,	8- This corporation has liability for	er intangible	tax under s	199.032,
24	25	[29]	30			Florida Statutes	Yes [
	 Name and Address of Curr HOMPSON, JOSEPH A. 	ent Hegistered Agent		81	Name	10. Name and Address of New	vañizeieg /	Jane	
	190 BELFORT RD					diam (D.O. Dan Maril and Maril	A blat		
	SUITE 425			82	Street Ac	ddress (P.O. Box Number is Not Accep	iabie)		
J	ACKSONVILLE FL 32202			83					
				84	City			85 Zip (Code
***************************************				ļ	<u>L</u>		FL		····
adfrage to		do ed Florido. Puch obor	nae was autho	rizad b	the corne	valion's board of directors. I hereby so	cont the ann		
office or agent. I SIGNATURE						corporation submits this statement for the oration's board of directors. I hereby accepting the control of the	DATE		······································
	Signatur, il y ed or pain dinar e of registered e	agent and title 4 applicable.	(NOTE Regi	stered Age			DATE	DIRECTOR	S IN 12
SIGNATURE 12. HILE	Signatur, Interactor provides need registered a OFFICERS A	agent and title 4 applicable.	(NOTE Regi	stered Age 13.		equited when reinstating)	DATE		······································
SIGNATURE 12. FILE NAME	OFFICERS A D THOMPSON, JOSEPH A.	agent and tille 1 applicable. ND DIRECTORS	(NOTE Regi	stered Age 13. 1.1 TiTLE 1.2 NAME	ent signature re	equited when reinstating)	DATE	DIRECTOR	S IN 12
SIGNATURE 12. PILE NAME SIRRE LADDRESS	OFFICERS A THOMPSON, JOSEPH A. 4190 BELFORT RD.,STE.33	agent and tille 1 applicable. ND DIRECTORS	(NOTE Regi	stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature re	equited when reinstating)	DATE	DIRECTOR	S IN 12
SIGNATURE 12. FILE NAME	OFFICERS A D THOMPSON, JOSEPH A.	agent and title 1 applicable. UND DIRECTORS D D	(NOTE Regi	stered Age 13. 1.1 TiTLE 1.2 NAME	ent signature re	equited when reinstating)	DATE	DIRECTOR	S IN 12
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• Lac necesy certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that the information indicated on this appear 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chinggy, or on an attachment with an address.

SIGNATURE:

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4/17/11 296-256=