FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUN 1. Corporation ADVAN		• •			
Principal Place of Business		Mailing Adviress			INDI NINIS NINIS NINIS NINIS NINIS NINIS ISAN
2243 W. 30TJH ST. JACKSONVILLE FL 32209		2243 W. 30TJH ST. JACKSONVILLE FL 32209			
				3. Date Incorporated or Qualified 11/04/1986	3a. Date of Last Report 05/01/1995
2. Principat Place of Business		2a. Maling Address		4, FEI Number	Applied For
21		26		59-2795309	Not Applicable \$8.75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5, Certricate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z (p)	Country	[28]	Country	8. This corporation has liability for int	
24	25	29	30	Florida Statutes	W No
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
SHEPPARD, WALTER O.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
2280 SHEPARD STREET			83		
UNIT 305 JACKSONVILLE FL 32211					Table 1
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute		84 City		FL 85 Zip Code	
famil ar wit SIGNATURE	h, and accept the obligations of,	Section 607.0505, Florida Statute	Oth Sagness J April sayana men	and of directors. Thereby accept the appointment of directors and of directors. Thereby accept the appointment of the appointme	DATE
TITLE	DP	DELETE	1 1 TIFLE		Change Addition
NAME	SHEPPARD, WALTER O.	Di .	1.2 NAME		•
STREET ADDRESS	2280 SHEPARD ST,UNIT	305	1.3 STREET ADDRESS		
CHTY-ST-ZI?	JACKSONVILLE FL	EN POLETO	14 CITY - ST - ZiP		Change Addition
TITLE		☐ DELFTE	2 1 TITUF 22 NAME		Change Thousan
NAME ETOCCT ADODECCE			2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2 4 CiTY-ST ZIP		
TITLE		DELETE	3 1 THEF		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 7iP		C DELL'E	3 4 G-TY - ST - Z-P		Change Addition
TITLE		DELETE.	4 2 NAME		
NAME STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIP		
CITY - ST - ZIF		[]] DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZP			5.4 CiTY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAMÉ		
STREET ADDRESS			6.3 STREET ADDRESS		
L OUT OF 3 C	i		6.4 CH v - ST - 7IP		

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 this 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:

Walter Diegnature
"SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR