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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

J62600

(8)

1. Corporation Name
PUREICE OF THE SOUTH, INC.

FILED Apr 17 1996 8:00 am Secretary of State



Principal Place o	of Business	Mailing Address						
PO BOX 6009 JACKSONVILLI	PO BOX 60099 JACKSONVILLE FL 32							
PROGOGGIA	e i e vees				3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1987 02/03/1995			
2. Principal Plac	pe of Business	2a. Mailing Address		<del></del> -	4. FEI Number	<u> </u>	Ĺ	Applied For
	•	26			59-2889385			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	;		5 Additional Required
2		27			O Station Comparing Financias			00 May Be
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		•	led to Fees
Zip	Country	Zip	Coun	itry	8. This corporation has liability for	intangible tax ι	under	s 199.032,
4	25	29	30	•	Florida Statutes 💢 Yes	□ No		
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	legistered Ag	ent	
			]'	81 Name				
MILLER,			ħ	B2 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
	ISON AVENUE		-	83		· · · · · · · · · · · · · · · · · · ·		
JACKSO	NVILLE FL 32205						<del>-</del> -	
				84 City		FL	85	Zıp Code
familiar with SIGNATUBE	n, and accept the obligations of, Sect	ion 607.0505, Florida Statute	·S.		ard of directors. I hereby accept the app	DATE		
	Signature typed or printed name of registered agent	and lifte if applicable (N D DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFF		IREC	FORS IN 12
12. III\F	C	DELETE	1, 1 Til	TLE			Chang	
NAME	MILLER, DAVID SR.		1.2 NA	ME				
STREET ADDRESS	4671 EDISON AVE		1.3 ST	REET ADDRESS				
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NAME 1						U	Chang	
NAME	MILLER, DAVID, JR.	<b></b>	2 2 NA	ME		ب	Chang	
1	4671 EDISON AVENUE	-	2.3 ST	ME REE1 ADDRESS		J	Chang	
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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 ir made under oath that I am an officer or decort or diffee sorporation 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 15 of changed, or on an attachment with an address.

SIGNATURE: X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

¥ 4/10/9E

904-388-2653

time Phone #