SECONID INC	OTICE: CORPORATION WILL BE DISS ON OR BEFORE 9/17/97: \$550 (IF DISSOL	SOLVED ON OR AFTER SE VED, MINIMUM AMOUNT DU	PTEMBER 17, 1997. e to reinstate: \$750.)		
COR	PROFIT PORATION JAL REPORT 1997	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	Franch Hon	
DOCUI 1. Corporation	MENT # . I81399	(4)		97 AUG -8 64 SECRETARY OF TALLAHASSEE F	STATE LORIDA
Principal Place 1404 8 3RD 3 JACKSON WEI		Mailing Address 1404 \$ 3RD ST JACKSON VILLE BEACH FL	32250		IN THIS SPACE
2. Principal Pi	lace of Business	2a, Mailing Address	a Vh an	3. Date Incorporated or Qualified 07/02/1987 4. FEI Number	3a. Date of Last Report 05/01/1996 Applied For
Sulte, Apt.	#, etc.	26 240 5 · Suite, Apt. #, etc.	3世分	59-2823848 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
23 Tr & State	Ksonville Bub. FL	City & State 28 THCKSONVILLE		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3m	25 OUUAI 9. Name and Address of Current R		Country *	This corporation owes of has pe Personal Property Tax due June Name and Address of New Re	30. ⊠Yes □ No
177	CHOLSON, WILLARD B., III 71 OAKBREEZE LANE CKONVILLE BEACH FL 32250		81 Name 82 Street Addr 83	ess (A) Box Number is Not Acceptate SAN SUMM	CHOLSON III
SIGNATURE	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation		s, the above-named corporations the corporation of		FL 32002
12.	Signature, Wood & printed name & registered agent are OFFICERS AND D		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	7,551151107011/11020110-01711	Change Addition
NAME STREET ADDRESS	NICHOLSON, WILLARD B.III 1771 OAKBREEZE LANE JACKSONVILLE BCH FL 32250		1.2 NAME 1.3 STREET ADDRESS		•
CHY-ST-ZIP TITLE NAME	8TD NICHOLSON, ADINE R.	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	1771 OAKBREEZE LANE JACKSONVILLE BEACH FL 3225	50 DELETE	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip	1000022 -08/12/ ****16	2652217 9701097016
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP	,	☐ Change ☐ Addition
TITLE		₩ DEFEIR	6.1 TITL€		The primarifier The Without

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cain; that I am an officer or director of the corporation or the report of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 331 changot, or or an attachment with an address.

6.2 NAME

NAME



Sirs,

I was shrised to mail a copy of
this more all pepart to this address. I
maild may original minusel Report back in January.

I was told that a lot of reports were never
lecevied in January and to enclose a ck for
the less.

Thanks,

Odin Neholon
The American Bride Co.

140 S. 3PL ST

THEKSOUVILLE Beh. 6/

32250

904 246-4433