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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortharfi

Secretary of State DIVISION OF CORPORATIONS

1996

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2. Principal Pla		2a. Mailing Address			FEI Number			Applied For
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Suite, Apt. #	r, etc.	Suite, Apt. #, etc.		5	. Certificate of Status Desired			Additional Required
City & State 23 JACK	sonville FL	City & State 28 JACKS ON	wille, FA	6	. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	Zip	Country		This corporation has liability f	_	tax under s	199.032,
24 3221	9. Name and Address of Current	29 32210 Registered Agent	30 Duva		Florida Statutes Name and Address of New	res ∐ No Na Benistered	Agent	
2404 IF	HILL, R. CRAIG RONWOOD DRIVE ONVILLE FL 32216		83	243		table) B I		in Code
	o the provisions of Sections 607.0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Section	ind 607.1508, Florida Statut i. Such change was authoriz n 607.0505, Florida Statutes			Submits this statement for the directors. I hereby accept the a	purpose of ch ppointment a	nanging its registered	p Code 1 22/0 registered office d agent. I am
SIGNATURE .	ADVINEW HOW I Signature by text or control received or registered, agent an	Joseph W How	Warel OTE: Progistered Agenit signature re-		0	epril 1	2, 19	96
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Too nereby certify that the information supplied with this liting is voluntarily furnished and does not quality for the exemption stated in Section 119.07(5)(k), Florida Statutes. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

april 12, 1996