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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K19941

(9)

FILED May 19 1997 8:00am Secretary of State

MARTIN J. MICKLER, P.A. Principal Place of Business Mailing Address 5515-2 PHILUPS HWY 5515-2 PHILUPS HWY										
JACKSONVILLE FL 32207 US		JACKSO US	JACKSONVILLE FL 32207-7966 US							
							 Date Incorporated or Qualific 03/29/1988 		ate of Last f 01/1996	Heporl
	ace of Business	2a. Mai	iling Address				4. FEI Number			pplied For
21		26					59-2881310			ot Applicable
Suite, Apt. :	#, etc.	Fn	le, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional lequired
22 City & State)	27 City	/ & State	-			6. Election Campaign Financing	·		May Be
23	,	28	,				1 rust Fund Contribution	' 🗆		to Fees
Zip	Country	Žip		Cour	intry		8. This corporation has liability	for intangible	tax under	s. 199.032,
24	25	29		30	r		Florida Statutes	Yes		
	9. Name and Address of Cu	rrent Registered	d Agent		81 Na	ame	10. Name and Address of New	Hegistered	Agent	
337-1 JACH	(Ler, Martin J. E . Fordyth S t. (Sonville Fl 0220 2				83		ss (P.O. Box Number is Not Acce 2 PHILLIPS HIGHWA'	otable)		
111				ĺ	84 Ci	ity	JACKSONVILLE	FL	85 Zip	Code 207
11. Pursuant t	to the provisions of Sections 607,	0502 and 607.1	508, Florida Sta	atutes the ar	pove-na	med corpo	ration submits this statement for t	ne purpose c	of changing	its registered s registered
	m familiar with, and accept the ol	state of Horida. Solbligations of, Sci	Such change w ction 607.0505	as authorized , Florida Stati	d by the lutes.	e corporatio	ration submits this statement for t n's hoard of directors. I hereby ac	жерт те ар	por triicin as	
SIGNATURE	Signature, typed or printed name of registerer	d agout and title if app	dicable (d whom roinstating)	DATE		
SIGNATURE	Signature, typed or profed name of registers OFFICERS		dicable ((NOTE Hegistered	d Agent sig			DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, lyped or profed name of registero OFFICERS	d agout and title if app	dicable ((NOTE Registrace 13.	d Agent sig		d whom roinstating)	DATE		RS IN 12
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Information indicated on this annual cuprent with this ming does not quality for the exemption stated in Section 17.07 (200), I bridge statutes. From the definition in the control of the conformation indicated on this annual cuprent and annual root is true and accurate and that my signalure shall have the same legal effect as if made under eath; that I am an officer or director of the conformation or the rozeiver or tosled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if a largest of on an attachment with an address.

CICNIATURE.

MARTIN J. MICKLER //1/97

/ 1/97 (904)731-716