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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K55147

181

## **FILED** May 09 1997 8:00am Secretary of State

1. Corporation Name 1965, INC.  Principal Place of Business  Mailing Address  JOHN B. WARE 4812 PALMER AVE. JACKSONVILLE FL 32210  JACKSONVILLE FL 32210-3226								
					<ol> <li>Date Incorporated or Qualified</li> <li>12/30/1988</li> </ol>	1	te of Last <b>)1/1996</b>	•
···• 1	il Piac∉ of Business	2a. Mailing Address			4. FEI Number		<u> </u>	Applied For
∐ Suite, A	pt #, efc.	Suite, Apt. #, etc.			59-2922398			Not Applicable Additional
2		27			5. Certificate of Status Desired			Required
City & S	itale	City & State			6. Election Campaign Financing			<b>0</b> Мау Ве
<u>Ζ</u> φ	Country	28 Z <sub>ip</sub>	Countr	ry	Trust Fund Contribution  8. This corporation has liability for		tax under	d to Fees s. 199.032,
!	25   9. Name and Address of Curre	29 ent Registered Agent	30	J	Florida Statutes   10. Name and Address of New Re	Yes [		
	ARE, JOHN B.	on negistored Agent	8	1 Name	10. Manie and Address of Help th	- Sieraien	180111	
48	112 PALMER AVE. ACKSONVILLE FL 32210		8:	<u> </u>	ress (P.O. Box Number is Not Accepta	ble)		
			6	4 City		FL	85 Zij	p Code
amend	Tam familiar with, and accent the oblid	gations of Section 607 0505. F	lorida Statut	by the corpora es	ation's board of directors. I hereby acce	pt the app	omunem e	as registered
SIGNATUR	Sign at mortyped or purified numbrid registered a	gent and title it applicable (NC			poration submits this statement for the ation's board of directors. I hereby accepted when reinstating.  ADDITIONS/CHANGES TO OFFI	DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATUR	Sign is us, typed or parties runne of registered a OFFICERS AT		OYE: Registered A	gent signature requ	bired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	DRS IN 12
SIGNATUR I <b>2.</b> IIIE IAME	Stg. v. vic. typed or per tied runne of registered a OFFICERS AT PD WARE, JOHN BAXTER	gent and title it applicable (NC	OTE: Registered A 13. 1.1 TITLE 1.2 NAMI	gen) signature requ	bired when reinstating)	DATE	DIRECTO	DRS IN 12
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The suppose of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 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.

Daylime Phone #

0033742