FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K61223

101

FILED Feb 17 1997 8:00am Secretary of State

Principal Place of Business 94/0 PHILIPS HIGHWAY 9 JACKSONVILE FL 32256	Mailing Address 9440 PHILLIPS HIGHWAY 9 JACKSONVILLE FL 32256-13	139		
US	U\$ 		3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 02/16/1996
¬ ' ⊢	2a. Mailing Address		4. FEI Number 59-2933848	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	8 Zip	Country	Trust Fund Contribution 8. This corporation has liability for the	7.0000.01000
24 25 2 9. Name and Address of Current Re	<u> </u>	0		Yes 🔛 No
MONTGOMERY, MITCHELL R 9000 REGENCY SQUARE BLVD SUITE 201 JACKSONVILLE 32211 11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Fi agent. I am familiar with and accept the obligations	d 607, 1508, Flou da Stat utes orida, Suce Change was au s of Appl ion 607,0505, Flore	84 City	poration submits this statement for the pation's board of directors. I hereby accept	FL 85 Zip Code Spas6 urpose of changing its registered the appointment as registered
SIGNATURE Signature, I ped or printed name of registered agent and		Registered Agent signature requi	ired when reinstating)	DATE DATE
12. OFFICERS AND DI	DELETA:	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
MONTGOMERY, MITCHELL R. STREET ADDRESS CITY-ST-ZIP MONTGOMERY, MITCHELL R. 9440 PHILLIPS HIGHWAY, #9 JACKSONVILLE FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TILE NAME STREET ADDRESS	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change 🔲 Addition
CITY-\$T-ZIP *ITLE NAME	DELETE	3 4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS SITY-ST-ZIP RTLE	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Chapge, Addition
NAME STREET AODRESS CITY- ST- ZIP		5.2 NAME 5.3 STREET AODRESS 5.4 CITY-ST-ZIP		450/1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	50000209 -02/18/970102 ***173.75	2032 Addition

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 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.

GNATURE:

(904)260 -9446