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

	MENT # LOO137 TRUST, INC.	(4)				1 (22)	
Principal Place of Business C/O ROWE AND ROWE. P.A. 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE FL 32256 US		Mailing Address C/O ROWE AND ROWE. P.A. 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE FL 32256-0139 US			3. Date Incorporated or Qualific		
					07/05/1989	01/30/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	F	olied For
21		26			59-2959085		Applicable
Suite Apt. i	#, Etc:	Suite, Apt #, etc.			5. Certificate of Status Desired	☐ \$8.75 A	
City & State		City & State			6. Election Campaign Financing	·	<u>, </u>
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip Coi			8. This corporation has liability	for intangible tax under s.	
24	25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes 10. Name and Address of New	Y Yes No	
DO:		Registered Agent	81	Name	TU. Maine and Adoress of New	veðistatag víðaur	
ROWE AND ROWE, P.A.							
9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE FL 32256				Street A	Address (P.O. Box Number is Not Accep	otable)	
			83				1
			84	City		B5 Zip C	ode
11 Demonstration of Continue COZ DEDG and COZ 1500 Fledida Continue						FL FL	
SIGNATURE					corporation submits this statement for the poration's board of directors. I hereby ac		registered
12.	Stgresore typed or proted name of registered agent and the id applicable OFFICERS AND DIRECTORS		OTE: Registered Agent signature requirements		ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS	S IN 12
11111	PD DELETE		1.1 TITLE		7,000,000,7,4,000,00		K.KAddition
NAME	BRADDOCK, WILLIAM R.		1.2 NAME	1			1
STREET ACCURESS	14400 BRADDOCK ROAD		1.3 STREET	ADDRESS			()
0HY-81-20:	JACKSONVILLE FL		1.4 CITY-5	17-ZIP	32218		{
Title	SD	DELETE	2.1 TITLE			☐ Change	X X Addition
NAMI	ROWE, JENNIE B		22 NAME	}	<i>'</i>		Į
STREET ADORESS	8112 PINE LAKE ROAD		2.3 STREET	ADDRESS	32256		}
C 1Y+5*+29P	JACKSONVILLE FL			ST-ZIP .	32236	1-10:	# 3t 4 a 2 ft .
THE	JEONADO LE	☐ DELETE	3.1 TITLE 3.2 NAME			☐ Change	XX Addition
NAMI CONTACT ASSESSED	Leonard, J F 10420 Lem Turner Road			ADDRESS			1
STREET ADDRESS	JACKSONVILLE FL		3.3 STREET	,	32218		Ì
CHY-ST ZIP TITLE	D	····		31-21	Change		Addition
NAME	HUNTLEY, CORALIE B		4.1 TITLE 4 2 NAME	Í			7,
STREET ADORESS	9242 ADAMS AVENUE		4.3 STREET	ADDRESS			Ì
CEY+\$1+769	JACKSONVILLE FL		4.4 CITY - S	r	32218		
TITLE	D	DELETE	5.1 TITLE			☐ Change	X Addition
NAME:	RICHARDSON, LIBBY B		5.2 NAME				
STEEL ACCRESS	849 POINTE LAVISTA ROAD, I	N	5.3 STREET	ADDRESS			{
CITY - \$1 - 7/6"	JACKSONVILLE FL		5.4 CITY - S	T-ZIP	32207	·····	
100	D	☐ DELETE	61 TITLE			Change	Addition
NYMe	LEONARD, TOMMIE B		6.2 NAME	1			
STREET ADDRESS	6009 DUNN AVENUE		6.3 STREET	- 1	32218		
CHY-ST-7P	JACKSONVILLE FL	t with this filing does not avail	6.4 CITY-S		lated in Section 119.07/3Vi) Florida Sta	tutos. I further certifu that t	

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 oath; that I am an officer or director of the opporation 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 chapsed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Illiam R. Braddock, President

2/11/97 (904)730-2070

aytime Phone 1

FILED

Apr 11 1997 8:00am

Secretary of State

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