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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L29864

(0)

Corporation Name

N9934X, INCORPORATED

(1 (13)0 (1)3((0)10	Allen Brail Geall Arbit Blat	9 6 (8) 6 (8) 6 (8) 1 (8)

Principal Place of Business Mailing Address					, ,							
3553 SILVERY LN 3553 S		% JOSEPH L MCDAN 3553 SILVERY LN JACKSONVILLE FL 3:										
SHOROUTHEE 12 SZE17							3.	Date Incorporated or Qualified 11/09/1989	3a . Da	te of Last Report 06/29/1995		
		2a. 26	a. Mailing Address		4.	FEI Number 59-2985613	d	Applied For Not Applicable				
Suite, Apt #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required			
Crty & State		28	City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
<i>Ζ</i> ιρ 24	Gountry 25	29	Zφ	30 Cour	ntry		8.	This corporation has liability for in Florida Statutes		tax under s. 199.032,		
	g. Name and Address of Cu	rrent Regis	tered Agent				10.	Name and Address of New R	egistered	l Agent		
MCDANIELS, JOSEPH, L 4348 SOUTHPOINT BLVD., SUITE 101 ATLANTIC MORTGAGE			ļ	82 83								
JACKSONVILLE FL 32216					B4 City			FL 85 7p Code				
or registere familiar wit	ed agent, or both, in the State of the and accept the biffing one of	0502 and 60 Florida Suct Section 607.	i change was authorize 0506, Florida Syfutes November	ed by trie o	orpi	named corpora oration's boar ir squatare require	d of d	submits this statement for the pur frectors. I hereby accept the appo anathring	oso of chintment a	is registered agent. I ani		
12.	OFFICERS	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	-		111	1 1 TITLE					Change Adortion		
NAME	MCDANIELS, JOSEPH			1.2 NA	ME	E						
STREET ADDRESS			135	1.3 STREET ADDRESS								
ÇITY - ST - ZIP	JACKSONVILLE FL			1.4 Ci	TY-S	T-7IP						
THTLE	SD		DELETE	2 1 1	TLE			THE RESIDENCE OF THE PARTY OF T		Change Addition		
NAME	MCDANIELS, MARGARI	ET A.		2 2 NA	ME							

3553 SILVERY LANE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 2 4 CITY - \$1 - ZIP TITLE 📋 DECETE 3 1 THE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 C+TY - ST - ZIF DELETE Crange Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4.CITY - ST - ZIP CHTY-ST-ZIF Change DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7-P 5.4 CHY - ST - ZIP DELFTE Change Addition TITLE 6 1 life NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY - ST - ZIP 64 CITY - ST-2IP

14. I do hereby certify that the information supplied with this filling is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accorde and that my signature shall have the same legal effect as if made under eath; 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 or an attain ment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-96

904 296 1400

Daytone Phone #