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PROFIT CORPORATION ANNUAL REPORT



Ft OR/DA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L41197 (9)							
	hwest quadrant equ	IITY, INC.					
		·					
Principal Place	of Business	Maling Address			 	(A 1 <b>46</b> 1 <b>416</b> 1) 41 <b>6</b> 1) 1	
50 N LAURA ST. STE 3100 P O BOX 4548 JACKSONVILLE FL 32201-4548		50 N LAURA ST. STE 3100 P O BOX 4548 JACKSONVILLE FL 32201-4548					
					Date Incorporated or Qualified		
US		US			3. Date Incorporated or Qualified 01/09/1990		тавт нерогт <b>06/1995</b>
. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt.	# pto	26			59-2981552		Not Applicable
Stirle, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing	——————————————————————————————————————	\$5.00 May Be
765	Country	28	T Count		Trust Fund Contribution		Added to Fees
Ζφ ]	Country 25	Ζ(ρ <b>29</b>	Gountry 30	ý	8. This corporation has liability for Flor-da Statutes	intangible tax u s ∷ ∐ No	inder's 199.032,
	g. Name and Address of Cur			·•··	10. Name and Address of New F	Registered Ag	ent
BB ***	HOORE ALSO ILLANDILL	B A WELLA B 4	81	Name	,		
BRANT, MOORE, SAPP, MACDONALI 50 N LAURA ST BARNETT CENTER, STE 3100		D & WELLS, P.A	82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)	
		83					
	ONVILLE FL 32201		R4	City	OE   Zo Code		85 Zip Code
			1	1 1		FL	
or register familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of Fifth, and accept the obligations of, S	lorida. Such change was authoriz	zed by the corp	named corpor poration's boar	ration submits this statement for the purity of directors. I hereby accept the app	rpose of chang pointment as reg	ing its registered offic gistered agent. I am
or register familiar wi IGNATURE 2.	red agent, or both, in the State of F ith, and accept the obligations of, S Signature, typics or printed name of regulated a OFFICERS.	lorida Such change was authorizection 607.0505, Florida Statute:  Original the flag becase (N. AND DIRECTORS)	red by the corps.  Other Registered Age	ooration's bida	ird of directors. Thereby accept the app	OAT:	gistered agent. Lan
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14. I do hereby certify that the information supplied with this filing is voluntarily 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 accurate and that my signature shall have the same legal effect as if made under cath, 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 autopment with an address.

SIGNATURE: (

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10 96

Dayton Priore #