## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # L79 DRAFT OF NORTH FL	. – –	<b>(6)</b>						
Principal Place 1245 W AD JACKSONVI		1;	g Address 245 W ADAMS ST ACKSONVILLE FL						
						3. Date Incorporated or Qualified 06/08/1990	1	of Last R <b>05/01/1</b>	•
2. Principa! Pla	ace of Business	2a. M	ailing Address			4. FETNumber			Applied For
Suite Ant #	# etc	26	uito Ant # etc			59-3017720			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		28	City & State			Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	2 <sub>1</sub>	)	Gour 30	ntry	8. This corporation has liability for Florida Statutes 📝 Yes	intangible ta		· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Cu		ed Agent			10. Name and Address of New F	Registered	Agent	
B. 41170	OH O451 5 500				81 Name				
	ON, CARL D ESQ. AST ADAMS ST.				82 Street Add	reet Address (P.O. Box Number is Not Acceptable)			
	SONVILLE FL 32202			ŀ	83				
U. IOINO	The Calcal				<b>84</b> City			<b>8</b> 5 Z <sub>1</sub>	p Code
11. Pursuant to	o the provisions of Sections 607.	0502 and 607.19	508, Florida Statu	tee the above	e parned corre	oration submits this statement for the puration directors. Thereby accept the app	rpose of cha	anging its r	eastered office
Or reductors	ed acent, or both, in the State of			ics, the about	re named corps.				
familiar with	h, and accept the obligations of,	Section 607.050	ange was authori. 15, Florida Statute	zed by the co s.	orporation's boa	ard of directors. I hereby accept the app	ointment <b>a</b> s	registered	agent. Fam
familiar with SIGNATURE	h, and accept the obligations of,	Section 607.050 agent and tile it applic	5, Florida Statute	s. Oli Rajeteed <i>)</i>	orporation's boa	est vojiko araksitaji	IAI:		
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certify that in information indicated or this arrival report of supportmental arrival report is true and accurate and that my signature shall have the same legal effect as it made those or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

SIGNATURE:

3-13-96 904-3567662