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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84440

(1)

FILED Feb 13 1997 8:00am Secretary of State

Principal Place 1553 SOUTH U JACKSONVILLE	INE AVENUE	Mailing Address 1553 SOUTH LANE AVENI JACKSONVILLE FL 32210-				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
0 Description	ace of Business	2a. Mailing Address		06/29/1990 4. FEI Number	05/01/1996 Applied F	·
2. Principal Pi	ace of Business	26. Mailing Address		59-3118212	Not Applied	
Suite, Apt.	#. etc	Suite, Apt. #, etc.			CO 75 Addition	
22		27		5. Certificate of Status Desired	Fee Required	
City & State)	City & State		6. Election Campaign Financing	\$5.00 May B	8
23		28		Trust Fund Contribution	Added to Fees	<u> </u>
Zip	Country	Zip	Country	8. This corporation has liability for		32,
24	25	29	30	Florida Statutes L 10. Name and Address of New Re	Yes No	
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Ne	Bistoren Wholer	
	RAN, FRED, SR.					
	PLYMOUTH STREET (SONVILLE FL 32205		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
JACI	SOMVILLE PL 32203		83		· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	rporation submits this statement for the patients board of directors. I hereby acceptations	pt the appointment as registe	tered red
office or re agent. Fail	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of. Section 607.0505, Florid and title if applicable. (NO	authorized by the corpora orida Statutes. TE. Registered Agent signature requ	alion's board of directors. Thereby accessiving when reinstaing)	DATE	
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4. 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 13 if changed, or on an attachment with an address.

ROQ - MOTOWING ROMAN GOV