

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L88193**
1. Corporation Name
PABLO CENTER BUILDING, INC.

4-23-96 (2) 4216 C



Principal Place of Business: 415 PABLO AVE N JACKSONVILLE BEACH FL 32250
Mailing Address: 415 PABLO AVE N JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified: 07/18/1990
3a. Date of Last Report: 05/23/1995
4. FEI Number: 59-3019665
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 415 Pablo Ave. N., Jacksonville Beach, Fl., 32250
2a. Mailing Address: P.O. Box 50127, Jacksonville Beach, Fl., 32240
22. Suite, Apt. #, etc.:
23. City & State: Jacksonville Beach, Fl.
24. Zip: 32250, Country: USA
25. Zip: 32240, Country: USA

9. Name and Address of Current Registered Agent
GLICKSTEIN, JOSEPH M., JR.
444 3 ST
NEPTUNE BEACH FL 32233

10. Name and Address of New Registered Agent
81 Name: Willard B. Nicholson
82 Street Address (P.O. Box Number is Not Acceptable): 315 N. 11th Avenue
83
84 City: Jacksonville Beach, FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *W.B. Nicholson* 4/18/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EKSTROM, BRUCE K.	
STREET ADDRESS	415 PABLO AVE N	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESSERLIE, CAROL	
STREET ADDRESS	415 PABLO AVE N	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCIER, ROBERT P.	
STREET ADDRESS	415 PABLO AVE N	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLODZIEJ, DEBORAH	
STREET ADDRESS	415 PABLO AVE N	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, VINCENT J/	
STREET ADDRESS	415 PABLO AVENUE N.	
CITY - ST - ZIP	JACKSONVILLE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ekstrom, Bruce K.	
13 STREET ADDRESS	107 Links Rd.	
14 CITY - ST - ZIP	Marthasville, MO. 63357	
21 TITLE	S/P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Messlerie, Carol	
23 STREET ADDRESS	201 Twelve Oaks Lane	
24 CITY - ST - ZIP	Ponte Veira Beach, Fl. 32082	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lucier, Robert P.	
33 STREET ADDRESS	15 Oneida Road	
34 CITY - ST - ZIP	Acton, MA. 01720	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Kolodziej, Deborah	
43 STREET ADDRESS	19 Fairview Drive	
44 CITY - ST - ZIP	Southborough, MA. 01772	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Carol Messerlie* 3-26-96 904-285-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)