

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L88193 (2)			
1. Corporation Name PABLO CENTER BUILDING, INC.			
Principal Place of Business 415 PABLO AVE N JACKSONVILLE BEACH FL 32250 US		Mailing Address PO BOX 50127 JACKSONVILLE BEACH FL 32240-0127 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
9. Name and Address of Current Registered Agent NICHOLSON, WILLARD B. 315 N 11TH AVE JACKSONVILLE BCH FL 32250		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code
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: _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKSTROM, BRUCE K.	1.2 NAME	
STREET ADDRESS	107 LINKS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARTHASVILLE MO	1.4 CITY - ST - ZIP	
TITLE	SPDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSERLIE, CAROL	2.2 NAME	
STREET ADDRESS	201 TWELVE OAKS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIER, ROBERT P.	3.2 NAME	
STREET ADDRESS	15 ONEIDA ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ACTON MA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODZIEJ, DEBORAH	4.2 NAME	
STREET ADDRESS	19 FAIRVIEW DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTHBOROUGH MA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: W.B. NICHOLSON <i>W.B. Nicholson</i> 4/9/97 904.246.1658			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)