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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93820

(3)

JOSEPH MANCILLA, P.A.

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ncipal Place of Business	,	Mailing Address	

FILED Jun 02 1997 8:00am Secretary of State



	e of Business	 Mailing Add 	dress				I INDICATE DIA		a drei mante midel	BLOAF BIBLI BID	it Bebti indi
6447 HEARTLAND CIRCLE TALLAHASSEE FL 32312			8447 HEARTLAND CIRCLE TALLAHASSEE FL 32312-7506						,		
		· · · · · ·					3. Date Incorpo 08/01/199	rated or Qualified	1	ate of Last f	, .
2. Principal Pa	ace of Business	2a. Mailing	Address			- 	4. FEI Number				pplied For
1]		26					65-0044	921			ot Applicable
Suite, Apt a	#, etc	Suite, A	pt. #, efc.				5. Certificate of	Status Desired			Additional equired
City & State	The same of the sa	City & S	State			, Auto-de-	6. Election Cam	paign Financing		\$5.00	May Be
3		28					Trust Fund C	ontribution			to Fees
Zip T	Country	Ζιp			ountry			ion has liability fo			3. 199,032,
<u></u>	25	29		30			Florida Statut		Yes [
	9. Name and Address of Curre	ent Hegistered Ag	ent		81	Name	10. Name and A	GOTESS OF NEW I	registered	Agent	
	VCILLA, JOSEPH, JR.										
	7 HEARTLAND CIRCLE				82	Street Add	dress (P.O. Box Numb	oer is Not Accept	able)		
TAL	LAHASSEE FL 32312				83			······································		<i>j</i> *	
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office or n	to the provisions of Sections 607.06 egistered agent, or both, in the Sta m familiar with and accept the obli	suz and bur. 1508, ite of Florida. Such	change was	ates, trie a authoriza	ed by	the corpora	rporation submits tris ation's board of direct	lors. I hereby acc	ept the app	ointment as	its registeret s registered
agent. Lar	in familiar with and accept the obli	igations of 30 tion	607.0505, F	lorida Sta	atutes						
GNATURE	Janes de la contraction de la	agent and title if applicable		とく	<u> </u>					i	
	Signal are typed of printer name of registered a										
			(NC	TE: Register	red Aper	t signature requ	ulred when reinstating)	TANDER TO GE	DATE	SOUDEOTO	DD 41.40
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I. 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 suppliemental 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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