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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

M68076

(2)

FILED May 01 1996 8:00 am Secretary of State

3/2/96 904-227-29999

Principal Place of Business Mailing Address 11801 COASTALLAND VICES							
11891 COASTAL LANE WEST 4215 SOUTHPOINT BLYD.: STE 100 JACKSONVILLE FL 32258 US		4215 SOUTHPOII	% MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD STE. 100 JACKSONVILLE FL 32216				
2. Principal	Place of Business	20 Mair.		 Date incorporated or Qualified 02/12/1988 		of Last Report 04/26/1995	
21		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		59-2871649		Not Applicab	
City & Sta	ite	City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip 24	Country	28 Zip	Country	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Cur		29 rrent Registered Agent	30	8. This corporation has liability for Florida Statutes Yes	OMII 8	under s 199.032,	
COLH			81 Name	10. Name and Address of New F	Registered A	gent	
4215	NEIDER, MICHAEL N. SOUTHPOINT BLVD. E 100		<u></u> 1	dress (P.O. Box Number is Not Acceptab	ole)		
	SONVILLE FL 32216		83				
			84 City				
 Pursuant or register 	to the provisions of Sections 607.08	502 and 607.1508, Florida Statu	ites, the above parced		FL	85 Zip Code	
familiar wi	th, and accept the obligations of S	lorida. Such change was authori	zed by the corporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of chang	ging its registered office	
	,	ATTION OF THE PROPERTY OF THE					
SIGNATURE .	Slorature tyrodocarda		.o.	The second	andnicas re	giotoreo agent, rani	
SIGNATURE .	Signature, typed or printed name of registered as	Jont and lite if applicable no	OTE: Registered Agent signature requires				
2.	Signature typed or printed name of registered at OFFICERS A	John and lice if applicable (N AND DIRECTORS	OTE: Registered Agent signature requires 13.	a when reinstating)	- LIATE		
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David Mai

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR