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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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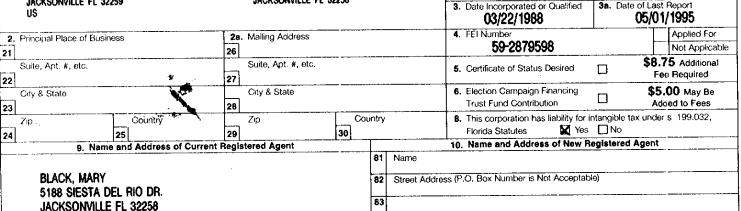
PROFESSIONAL ACCOUNTING AND BUSINESS CONSULTANTS

, INCORPORATED

Principal Place of Business 445 STATE ROAD 13 #21 5188 SIESTA DEL RIO DR JACKSONVILLE FL 32259

Mailing Address

C/O MARY BLACK 5188 SIESTA DEL RIO DR. JACKSONVILLE FL 32258



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.

City

SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	SD	DELETE	1. 1 TITLE	☐ Change	Addition
NAME	BLACK, DONALD R.		1.2 NAME		
STREET ADDRESS	5188 SIESTA DEL RIO DR.		1.3 STREET ADDRESS		
DITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		<u>.</u>
TITLE	PD	DELETE	2.1 TITLE	Change	☐ Addition
NAME	BLACK, MARY C.		2 2 NAME		
STREET ADDRESS	5188 SIESTA DEL RIO DR.		2 3 STREET ADDRESS		
CITY-SI-ZIP	JACKSONVILLE FL		24 CITY - ST - ZIP		F
TYTLE	VP	DELETE	3 1 TITLE	☐ Change	Addition
NAME	BLACK, DONALD R.		3.2 NAME		
STREET ADDRESS	5188 SIESTA DEL RIO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP		
TITLÉ	TD	DELETE	4.1 TITLE	☐ Change	■ Addition
NAME	raymond, John Melton		4.2 NAME		
STREET ADDRESS	3629 PEACH DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		F73 4 4492
TITLE		DELETE	5. 1 TITLE	☐ Change	Addition
NAME			5 2 NAME		
STHEET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		T Marie
TOLE		DELETE	6 1 TITLE	Change	☐ Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY ST-ZIP			6.4 CITY-ST-ZIP		<del> </del>

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 3 if changed, or on an attachment with an address.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3a. Date of Last Report

Zip Code

85

CR2E034 (12/95)