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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

N39667

(3)

**FILED** Mar 26 1997 8:00am Secretary of State

Principal Plac		PORATED OF JAC	Mai	ling Address MARLIN CT.			· · · · · · · · · · · · · · · · · · ·					
5045 SOUTEL #100 JACKSONVILLE		NVILLE FL 32277-2433				Date Incorporated or Qualified	3a. Da	te of Last f	Report			
			····						08/24/1990	<u> </u>	7/23/19	96
2. Principal P	Place of Busin	ness	<u> </u>	Malling Address					4. FEI Number 59-3028274		<del></del>	pplied For
Suite, Apt	# etc		26	Suite, Apt. #, etc.					00 0020217			lot Applicable Additional
22	", 510		27	Suitar i più mi sitor					5. Certificate of Status Desired			equired
City & Stat	le			City & State				$\neg \neg$	6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution			to Fees
Zip	1200	Country		Zip	Co	ountry	,		8. This corporation has liability for it	ntangible	tax under s	s. 199.032,
24		25	29		30						No	
	9. Name	and Address of Currer	nt Registe	ered Agent		1	1 A1-		10. Name and Address of New Re	pistered A	igent	
						81	Name					
	on, bever					62	Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
5711 MARLIN COURT												
JACKSO	INVILLE FL	32211				83	}					
						84	City				<b>85</b> Zip	Code
44 5			30 1 04	auron Design		1_	<u> </u>			<u>FL</u>		No
office or	to the provis	gent, or both, in the State	of Florida	z. 1506, ribrida Statu a. Such change was	authoriz	ed by	e-named y the corp	poration	ation submits this statement for the p n's board of directors. I hereby accep	urpose or It the appr	changing bintment a:	its registered s registered
agent La	am familiar w	ith, and accept the oblig	ations of,	Section 617.0503, F	Iorida St	atutes	S.		,			•
SIGNATURE	Starother turns	d or printed name of registered age	and and time if									
	Signarditi (yper				TE- Decision	and And	ant elanatura	roguland	uthon reincloling)	DATE		
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12.	PD	OFFICERS AN			13		ent signature	required	when reinstaling) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or no an attachment with an address.

SIGNATURE: