## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	N93000000353	(3)
---------------------------------	--------------	-----

Suite, Apt. #, etc.    Suite, Apt. #, etc.			
2. Principal Place of Eusiness   2a. Melling Address   3. Date Intended   0.01/19/1993   0.06/27/19   0.06/27			
Suite, Apt. W. etc.   So. Certificate of Status Desired   S8.75   Fee R.			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   So.   Certificate of Status Desired   SR.75   Fee Ri City & State   28   Trust Fund Contribution   Added Trust Fund Contrib	olied For		
City & State  Ci	Applicable		
28			
9. Name and Address of Current Registered Agent  HIGGINS, JOHN B 12408 TRAIL BLAZER DR. JACKSONVILLE FL 32220  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recording 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 a familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, speed or printed name of registered agent are filted particular.  12. OFFICERS AND DIRECTORS  13. AUDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City  FL 85 Zp or			
HIGGINS, JOHN B 12408 TRAIL BLAZER DR. JACKSONVILLE FL 32220  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg remains with provisions of Section 617.0502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg remains with provisions of Section 617.0503. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. NOTE: Registered Agent signature majures when remained and or registered agent and remains and registered agent signature majures when remained agent signature majures and remained agent	9.032,		
HIGGINS, JOHN B 12408 TRAIL BLAZER DR. JACKSONVILLE FL 32220  82  Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zpro  85  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regressive with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regressive departs of the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature typed or privated name of registered agent are time if applicable.  Deleter 1:17THL  D DELETE 1:17THL  Change  WILDS, VIRGIL  22 NAME  STREET ADDRESS 10527 OLD PLANK RD.  JACKSONVILLE FL 32220 14 CITY-ST-ZIP  JACKSONVILLE FL 32220 2 14 CITY-ST-ZIP  JACKSONVILLE FL 32220 3 THIERWY DR 2 33 FIRET ADDRESS 233 THIERWY DR 2 33 FIRET ADDRESS 233 THIERWY DR 2 33 SIRRET ADDRESS 24 GITY-ST-ZIP  TITLE D DP DELETE 31 THE 3 CITY-ST-ZIP  DP DELETE 31 THE 32200 3 4 CITY-ST-ZIP  HIGGINS, J B 33 SIRRET ADDRESS 12408 TRAIL BLAZER DRIVE 33 SIRRET ADDRESS 12408 TRAIL BLAZER DR.  SIRRET ADDRESS 12408 TRAIL BLAZER DR.  JACKSONVILLE FL 32220 44 CITY-ST-ZIP			
12408 TRAIL BLAZER DR. JACKSONVILLE FL 32220  83  64  City  FL  85  Zp 04  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and take it applicable.  PACTE: Registered Agent signature inspect on trainst along.  PACTE: Registered Agent signature inspect on trainst al			
12408 TRAIL BLAZER DR.  JACKSONVILLE FL 32220  83  84 City  FL  85 Zp.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recovered 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, Specific Agents and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, Specific Agents and accept the obligations of, Section 617.0503, Florida Statutes.  PROTE: Registered Agent agenture improve vision tempts and greature improve vision transiting.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY - ST - ZIP  JACKSONVILLE FL 32220  14. CITY - ST - ZIP  JACKSONVILLE FL 32220  14. CITY - ST - ZIP  JACKSONVILLE FL 32220  14. CITY - ST - ZIP  JACKSONVILLE FL  22. NAME  STREET ADDRESS  22. NAME  WILDS, VIRGIL  22. NAME  32. NAME  STREET ADDRESS  12. LAGISS, J B  STREET ADDRESS  12. LAGISS STREET ADDRESS  12. LAGISS STREET ADDRES			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its recovered 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 a familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signalure, Speed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature incurves which remarks by:  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  D DDELETE  11. TITLE  D DDELETE  11. TITLE  D DDELETE  11. STREET ADDRESS  CITY-ST-ZPP  JACKSONVILLE FL 32220  11. Change  WILDS, VIRGIL  22 NAME  STREET ADDRESS  223 THIERRY DR  23 STREET ADDRESS  223 THIERRY DR  24 CITY-ST-ZPP  JACKSONVILLE FL 32220  34 CITY-ST-ZPP  JACKSONVILLE FL 32220  35 STREET ADDRESS  12408 TRAILBLAZER DRIVE  NAME  HIGGINS, DATSY  12408 TRAIL BLAZER DR.  45 STREET ADDRESS  12408 TRAIL BLAZER DR.  125 STREET ADDRESS  12408 TRAIL BLAZER DR.  12408 TRAIL BLAZER DR.  125 STREET ADDRESS  12408 TRAIL BLAZER DR.  12408 TRAIL BLAZER DR.  12408 TRAIL BLAZER DR.  125 STREET ADDRESS  12408 TRAIL BLAZER DR.  12408 TRAIL BLAZER DR.  12408 TRAIL BLAZER DR.  125 STREET ADDRESS  12408 TRAIL BLAZER DR.  125 STREET ADDRESS  125 STREET ADDRESS  125 STREET ADDRESS  126 STREET ADDRESS  127 STREET ADDRESS  127 STREET ADDRESS  127 STREET AD			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its recoveragistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.    SIGNATURE	ode		
Signature typed or printed name of registered agent and trie it applicable.   INOTE: Registered Agent signature required which remait sing?   DATE	stered office ent. I am		
12.			
TITLE			
NAME	· · · · · · · · · · · · · · · · · · ·		
13 STREET ADDRESS	Addition		
CITY-ST-ZIP			
TITLE			
NAME         WILDS, VIRGIL         22 NAME           STREET ADDRESS         2233 THIERVY DR         23 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL         2 4 CITY-ST-ZIP           TITLE         DP         □DELETE         31 TITLE           NAME         HIGGINS, J B         32 NAME           STREET ADDRESS         12408 TRAILBLAZER DRIVE         33 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         34 CITY-ST-ZIP           TITLE         S         □DELETE         41 TITLE         □ Change           NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         4.3 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         4.4 CITY-ST-ZIP	Addition		
STREET ADDRESS         2233 THIERVY DR         23 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL         2 4 CITY-ST-ZIP           TITLE         DP         DELETE         31 TITLE           NAME         HIGGINS, J B         32 NAME           STREET ADDRESS         12408 TRAILBLAZER DRIVE         33 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         34 CITY-ST-ZIP           TITLE         S         DELETE         4.1 TITLE           NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         43 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         44 CITY-ST-ZIP	radiion		
CITY-ST-ZIP         JACKSONVILLE FL         2 4 CITY-ST-ZIP           TITLE         DP         DELETE         31 TITLE         Change           NAME         HIGGINS, J B         32 NAME         32 NAME         33 STREET ADDRESS         12408 TRAILBLAZER DRIVE         34 CITY-ST-ZIP         34 CITY-ST-ZIP         TITLE         Change			
TITLE         DP         DELETE         31 TITLE         Change           NAME         HIGGINS, J B         32 NAME         32 NAME         33 STREET ADDRESS         33 STREET ADDRESS         CITY-ST-ZIP         JACKSONVILLE FL 32220         34 CITY-ST-ZIP         TITLE         Change         Change           NAME         HIGGINS, PATSY         4.2 NAME         4.2 NAME         STREET ADDRESS         12408 TRAIL BLAZER DR.         43 STREET ADDRESS         44 CITY-ST-ZIP         44 CITY-ST-ZIP         CITY-ST-ZIP         JACKSONVILLE FL 32220         44 CITY-ST-ZIP         45 CITY-ST-ZIP         46 CITY-ST-ZIP         46 CITY-ST-ZIP         47 CITY-ST-ZIP         48 CITY-ST-ZIP			
STREET ADDRESS         12408 TRAILBLAZER DRIVE         33 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         34 CITY-ST-ZIP           TITLE         S         DELETE         4.1 TITLE         Change           NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         43 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         44 CITY-ST-ZIP	Addition		
STREET ADDRESS         12408 TRAILBLAZER DRIVE         33 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         34 CITY-ST-ZIP           TITLE         S         DELETE         4.1 TITLE         Change           NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         43 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         44 CITY-ST-ZIP	_		
CITY-ST-ZIP         JACKSONVILLE FL 32220         3.4. CITY-ST-ZIP           TITLE         S         □DELETE         4.1 TITLE         □ Change           NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         4.3 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         4.4 CITY-ST-ZIP			
NAME         HIGGINS, PATSY         4.2 NAME           STREET ADDRESS         12408 TRAIL BLAZER DR.         4.3 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL 32220         4.4 CITY-ST-ZIP			
STREET ADDRESS LITY-ST-ZIP  12408 TRAIL BLAZER DR. 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Addition		
CITY-ST-ZIP JACKSONVILLE FL 32220 4.4 CITY-ST-ZIP			
TITLE AT			
,	Addition		
NAME HIGGINS, JOHN B 5.2 NAME			
STREET ADDRESS 12408 TRAIL BLAZER DR 5.3 STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE FL 54 CITY-ST-ZIP			
and the second s	Addition		
NAME 6.2 NAME	j		
STREET ADDRESS 6.3 STREET ADDRESS			
6.4 City-St-ZiP 6.4 City-St-Zi			

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

SIGNATURE:

2-26-96/94) 2868808