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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000434 (1)**

1. Corporation Name

EAA CHAPTER 193, INC.



Principal Place of Business	Mailing Address
8409 BRIERWOOD RD. JACKSONVILLE FL 32217	8409 BRIERWOOD RD. JACKSONVILLE FL 32217-4503

3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 02/14/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 330 WEST LINDA ST.	26 Suite, Apt. #, etc. RT 2 BOX 450 D
22 City & State MACLENNY, FLA	27 City & State MACLENNY, FLA
23 Zip 32063	28 Zip 32063
24 Country BAKER	30 Country BAKER

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORITZ, JOHN J 8409 BRIERWOOD RD. JACKSONVILLE FL 32217	81 Name TOBE A. MORROW 82 Street Address (P.O. Box Number is Not Acceptable) 330 WEST LINDA STREET 83 84 City MACLENNY

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 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 617.0503, Florida Statutes.	85 Zip Code 32063
SIGNATURE John A. Morrow, TOBE A. MORROW, PRESIDENT	DATE 23 JAN 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MORITZ, JOHN J	1.2 NAME	MORROW, TOBE A.
STREET ADDRESS	8409 BRIERWOOD RD.	1.3 STREET ADDRESS	330 WEST LINDA ST.
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	MACLENNY, FLA 32063
TITLE	VD	2.1 TITLE	VD
NAME	LOVERN, ALBERT	2.2 NAME	STATON, SAM
STREET ADDRESS	1047 LARK STREET	2.3 STREET ADDRESS	2552 CHESTER BROOK COURT
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	STD	3.1 TITLE	
NAME	MCMULTY, THOMAS D	3.2 NAME	
STREET ADDRESS	1821 AUTUMNBROOK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: **John A. Morrow, TOBE A. MORROW**, 23 JAN 1997 772-5498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0006693

CR2E037 (9/96)