FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996 Secretary of DIVISION OF CORE						1Oh	NS							
DOCU 1. Corporation	MENT n Name	#	195000	00076	4 (9)										
SECO	ND CHAN	CE HEL	P CENTER, I	NC.											
Principal Place	of Rusinoss		•	Marilan Antal											
Principal Place of Business Mailing Address															
1553 ANDERSON RD 1553 ANDERSON RD JACKSONVILLE FL 32208 JACKSONVILLE FL 32208															
									3.	Date Incom	orated or 6/1995	Qualified	За. [ate of Las	t Report
2. Principal Pl	ace of Busine	ess		2a. Mailing Ad	dress				4.	FEI Numbe	-		J		Applied For
21				26						59-3		178		<u></u>	Not Applicable
Suite, Apt.	#, etc.			Suite, Apt.	#, etc				ı	Certificate				\$8.7	5 Additional
City & State				27							or oraios c			Fee	Required
23				City & Stal	е				I	Election Ca Trust Fund		-			00 May Be ad to Fees
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			ess of Current R			101				Florida Stat Name and			Yes E		
				<u> </u>		81	ī	Name		1101110 0110	Additas	0111011111	- Gistered	Agent	***************************************
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1553 ANDERSON RD						62	`	Suect At	Actoress (M.	O. BOX NUN	ider is Not	Ассертави	e)		
JACKSO	NYILLE FL	32208				83	1								
						84	1 7	City	·					96 7	ip Code
44 5						l l		•					FL		•
or register	to the provisioned agent, or I	ons of Sect both, in the	ions 617.0502 and State of Florida. S	l 617.1508, Flor Such change wa	ida Statutes, t is authorized b	the above- by the corr	nar	med corp	rporation su	ubmits this :	statement i	for the purp	ose of ch	anging its	registered office
1	· ·	t the oblig	State of Florida. Sations of Section (317.0503, Florid	a Statutes.	.,		4 N	d d) 	wine appo			
SIGNATURE	Storiature typed o	r printed name	registered agent and	(CAC)	24 K =	Rogistere Ape	Λ	War	quired when the	wy	che,	- SV	_3-2	24-91	Ь
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Real Amount of the corporation of the corporation of the corporation of 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: Real Amount of the corporation of the corpora

CR2E037 (12/95)