FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Apr 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002086 (6)

Principal Place of Business Principal Place of Business Mailing Address 3811 UNIVERSITY BLVD. W. STE. #32 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217			/D. W.		
US		US		3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 04/27/1996
	al Place of Business	2a. Mailing Address		4. FEI Number 59-3149189	Applied For
21 Sulte, #	Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		Not Applicable \$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Required
City & S	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7ip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25	29	30	Florida Statutes	Yes 💢 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
HILBERT, DAVID L 12795 DOGWOOD HILL DR. 81 Name					
	JACKSONVILLE FL 32223		B2 Street Add	idress (P.O. Box Number is Not Acceptable)	
	WONDOWN TE OFFICE		83		to be distributed by the second secon
			84 City		85 Zip Code
					
11. Pursua office	ant to the provisions of Sections 607.0. or registered agent, or both, in the Sta	502 and 607.1508, Florida Sta ate of Florida. Such change wa	lutes, the above-named coi is authorized by the corpor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered in the appointment as registered
agent	. I am familiar with, and accept the obl	ligations of, Section 607.0505.	Florida Statutes.		
SIGNATUR	RE. Signature, typed or printed name of registered a	agent and title if applicable (f)	cOTE: freg stered Agent signature requ	uired when relestating)	DATE
12,		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D Hilbert, David L	L) DELETE	1.11IILE		Change Addition
NAME	40705 DOOMOOD WILL DO	1	1.2 NAME		
STREET ADDRE	JACKSONVILLE FL	•	1.3 STHEET ADDRESS 1.4 CITY - ST - ZPP		<i>32</i> 223
TITLE	10	DELETE	21 IIILE		Change Addition
NAME	LANGLEY, MICHAEL E		2.2 NAME		
STREET ADDRE		DR.	, 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 1111.6		Change Addition
NAME STREET ADDRE	200		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-7#P		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRE	SS	•	4.3 STREET ADORESS		
CITY-ST-ZIP	- 	DELETA	4.4 CHY+ST-7/P		Charge Ladde-
TITLE		L. J. DELETE	5.1 TOLE 5.2 NAME		Change Addition
NAME STREET ADDRE	22		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 111LF		Change Addition
NAME			6.2 NAME		
STREET ADDRE	SS		6.3 STREET ADDRESS		
CITY-ST-ZIP	araby partify that the information and	and with this filing does not as	6.4 CHY-S1-7IP	ed in Section 119.07(3)(i), Florida Statutes	Lifurther certify that the
inform I am a	ation Indicated on this arrula report on officer or director of the comporation.	r supplemental agrical report in the receiver of trustee emp	ally for the exemption state is true and accurate and that percent to execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name

SIGNATURE: (1) (1) (1) (1) (1) (1) (1) HUBING 3/25/97 904-733-67.