## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

CO	JMENT # P ST CONTROL, INC.	92000	002496	(1)		i iðfilðar ha kalið helf bend	: <b>Ja</b> nu Bank Bakk Bakka Ik	Di Diala taka akk ta
Principal Place of Business  24400 MARSH LANDING PARKWAY PONTE VEDRA BEACH FL 32082			Mailing Address 24400 MARSH LANDING PKWY					
PONIE	VEURA BEACH FL 32082		PONTE VEDRA ( US	BCH FL 32082-2133				
						<ol> <li>Date Incorporated or Qualified</li> <li>11/03/1992</li> </ol>		•
_2, Principal F 21	. Principal Place of Business		2a. Mailing Address			4. FEI Number		05/01/1995 Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.			59-3149577		Not Applicable
22		27	00.10, 7451. #, 010.			5. Certificate of Status Desired		75 Additional
City & Stat	te		City & State			6. Election Campaign Financing		e Required  OO May Be
Zip	Country	28	Zip	<del></del>		Trust Fund Contribution	L.) Ado	ed to Fees
24	25	29	•	Country 30		8. This corporation has liability for		s 199.032
	9. Name and Address	of Current Regis	stered Agent	130		Florida Statutes Yes  10. Name and Address of New I		
				81 N	lame	100000111011	negratered Agent	
	N, MICHAEL T			<b>82</b> S	treet Addr	ess (P.O. Box Number is Not Acceptal	h)a\	
	O MARSH LANDING PKY						uie)	
PUNI	TE VEDRA BCH FL 3208;	2		83				
				84 C	Sity		<b>—</b> 85	Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 60	7 1508 Florida Stat	ides the short name		ation submits this statement for the pu		•
or register	red agent, or both, in the Stat	te of Florida. Such	change was author	died, the above-harm	<del>le</del> u corpora	ation submits this statement for the bu	rpose of changing its	registered office
ramılıar wi		s of Section 607.	0505 Florida Statut	izeu by the corporat	tion's board	d of directors. I hereby accept the app	ointment as registere	ad agent Lam
SIGNATURE			0505, Florida Statut	es.	tion's board	ation submits this statement for the pu d of directors. I hereby accept the app	iointment as registere	ed agent. I am
SIGNATURE .	Signature, typed or printed name of regi	islered agent and title if a	0505, Florida Statut	NOTE: Registered Agent sign		a composition of the app	onlinent as registere	ed agent. I am
SIGNATURE .	Signature, typed or printed name of reg OFFIC		0505, Florida Statut annicable. (1 DTORS	es.  NOTE: Registered Agent sign  13.		a composition of the app	DATE DATE	agent. I am
SIGNATURE	Signature: typed or printed name of reg OFFIC	istered agent and title if a DERS AND DIREC	0505, Florida Statut	NOTE: Registered Agent sign  13.  1.1 TITLE		when reinstang)	DATE DATE	ORS IN 12
SIGNATURE.  112.  ITLE HAME	Signature: typed or printed name of rea OFFIC DPTS DUNN, MICHAEL T	istered agent and title if a	0505, Florida Statut  anni cable (  DTORS  DELETE	OS.  NOTE: Registered Agent sign  13.  1.1 TITLE  1.2 NAME	nature required	when reinstang)	DATE TICERS AND DIRECT	ORS IN 12
SIGNATURE .  12.  TILE  TAME  THEE! ADDRESS	Signature: typed or printed name of real OFFIC DPTS DUNN, MICHAEL T 24400 MARSH LAN	IDING PARKWA	0505, Florida Statut  anni cable (  DTORS  DELETE	NOTE: Registered Agent sign  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDI	nature required	when reinstang)	DATE TICERS AND DIRECT	ORS IN 12
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AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 904-253-9622