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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P92000009390 (5)

Pancipat Place o	Z PRINTING COMMUNIC	Mailing Address				914 914 444 914 446 446 446 446 446 446 446 446 446 4
9117 LEM TURNER ROAD JACKSONVILLE FL 32208		9117 LEM TURNER ROAD JACKSONVILLE FL 32208				
					3. Date Incorporated or Qualified 01/04/1993	3a. Date of Last Flagori 03/09/1995
<b>2.</b> Poncepat Plac 1	e of Business	2a. Mailing Address			4. FEI Number 59-3152192	Applied For Not Applicable
Sute, Apt #,	€lo.	Suite, Apt. #, etc. 27  City & State 28		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Gity & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
<i>Z</i> φι	Country 25	Z(p)	Country 30		1	or intangible tax under s 199.032, es  \[ \] No
	9. Name and Address of Curre	ent Registered Agent		r	10. Name and Address of New	Registered Agent
00145	II FOLOFO		81	Name		
	ll, fraser Em turner road		82	Street Add	ress (P.O. Box Number is Not Accepta	able)
	ONVILLE FL 32208		83			
0,101101	SHANGE I C OFFOR		63			
			84	City		FL 85 Zip Code
IGNATURE s.  2.	escentifica o peris incir et calentagi OFFICERS AI	ND DIRECTORS	CHE Registered Ager	it signaturo recedire		DATE FICERS AND DIRECTORS IN 12
MA BUTT ADDRESS	BOLWELL, FRASER M. 1682 RIVER RD.	☐ DELFTE	1. 1 TITLE 1.2 NAME 1.3 STREET	Anneess		☐ Change ☐ Addition
Tv. 51, 265	JACKSONVILLE FL		1.4 CITY - S			
,F		☐ DELETE	2 1 1111.6			Change Addition
V:			2.2 NAME			
SEE ADDRESS			23 STREET			
Y S 7≥		☐ DECETE	24 CITY - S 3 1 TITLE	T - 7IP		Change Addition
yt.		<u></u>	32 NAME			C change C Addition
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RELEAD DEESS			43STREET	į		
Y-50 Zif .F		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE			Change [ ] Addition
Me		_ bitti	5 2 NAME			Change Addition
HT ALURESS			5 3 STREET	ADDRESS		
x 5: Zir			5 4 CITY - S			
ii l		☐ DELETE	6 1 TIFLE			☐ Change ☐ Addition
Mt.			6.2 NAME			
4-140F8022			63STREET	ADDRESS		
Ir SIZP		Total across some	6.4 CHY - S			
certify that tr oath, that I a	ie information indicated on this and ini an officer or director of the corp	iual recort or supplemental an	nual report is tru ee empowered t	e and accura	or the exemption stated in Section 11ste and that my signature shall have the seport as required by Chapter 607, for the second in the second section in the second second	e same legal effect as if made under

SIGNATURE:

FRASER M BOLWELL, PRESIDENT

03/10/96 904 768 3859