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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000010425 (5)

Principal Place of Business	Mailing Address	
9951 ATLANTIC BLVD #250 B JACKSONVILLE FL 32225	9851 ATLANTIC BLVD #250 B JACKSONVILLE FL 32225-6584	

FILED Apr 14 1997 8:00am Secretary of State



JACKSONVILLE FL 32225		JACKSONVILLE FL 3	JACKSONVILLE FL 32225-6584							
						3. Date Incorporated or Qualified 02/08/1993	3a. Da	ate of L 4/19/		•
	Place of Business	2a. Mailing Address				4. FEI Number				plied For
21	26				59-3165564	·		$\overline{}$	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27			BIQ.			5. Certificate of Status Desired See Required				
City & Sta	ate	City & State	-,		***************************************	6. Election Campaign Financing \$5.00 May Be				
23		28		-, -		Trust Fund Contribution				o Fees
- Z ip Т.П	Country	Zip	h	untry	'	8. This corporation has liability for i		_	der s.	199.032,
24	25 25 Name and Address	29 s of Current Registered Agent	30	l		Florida Statutes 10. Name and Address of New Re	Yes _			
	AURPHY, SHAUN			81	Name	To trans and Page of the Trans	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Boil		
	915 ATLANTIC BLVD #	2508			Chan at Antal	/DO Book on the New York	LaX	~	****	·
	ACKSONVILLE FL 3222			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)			
				83			•			
				84	City			85	Zip (Code
				<u> </u>	L	poration submits this statement for the p	FL			·
agent. I SIGNATURE		upt the obligations of, Section 607.0505,								
12.		FICERS AND DIRECTORS	13.	o Age	ont eignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRE	CTOR	S IN 12
TOLE	P	DELETE	1.1 [1	ITLE		7,007,10,001,10,000,10,001,10		Ch		Addition
NAME	MURPHY, SHAUN	Α	1.2 N					_	ŭ	
STREET LADORESS	9951 ATLANTIC B		1.3 \$	TREET	T ADDRESS					
CITY-ST ZIE	JACKSONVILLE FI	. 3222 5	1.4 C	ITY-S	ST-ZIP					
Titlef		☐ DELETE	2.1 [1	TLE			,,,,,,,,,,	Ch	ange	Addition
NAME			22 N	AME						
STIFEL FALIDALESS	5				ADDRESS					
CHY-ST ZIF		DELETE	2.40 31 Ti		ST-ZIP			☐ Ch	12000	Addition
NAME			32 N					, OI	ange	L.J Addition
STEAT LADORESS	,				ADDRESS					
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DILL		DELETE	4.1 Ti	TLE				☐ Ch	ange	Addition
NVME			4.2 N	IAME						
STREET ALLERS S			4.3 S	TREET	ADDRESS					
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11 1.6		DELETE	5.1 TI					∐ Ch	алде	L Addition
NAME Stole Categories			5.2 N		1 40000100					
STREET LADORESS CITY ST. ZIE					r address St-Zip					
THILE CHA-21 M		DELETE	6.1 TI		11 - \$1r			☐ Ch	iange	Addition
NAME			6.2 N					J.		
STREET ADDRESS	,				ADDRESS					
CITY+SE ZIF					ST-ZIP					
						11 6 0 146 65 610 50		-		

14. I do hereby certify that the information supplied with this filling 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 expension or, the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to changed, you an attachment with an address.

SIGNATURE:

TPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

904727 0053

Daytime Phone