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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P93000018656 (7)

## **FILED** Apr 02 1997 8:00am Secretary of State

Principal Place of Business  14444-2 BEACH BLVD #307 JACKSONVILLE FL 32250	Mailing Address  5730 BOWDEN ROAD #307 JACKSONVILLE FL 32216	÷ <del>c</del> 159		
US			3. Date incorporated or Qualified 03/08/1993	3a. Date of Last Report 04/30/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21]	26		59-3175147	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stato	City & State		6 Floation Corpnice Financing	Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 25		30	Florida Statutes	Yes No
	s of Current Registered Agent		10. Name and Address of New Re	gistered Agent
PUTNÁM, RICHARD A		81   Name		
5730 BOWDEN ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptat	ole)
JACKSONVILLE FL 3221	ie.	83		
DAONOONILLE I E DZE I				
		84 City		FL 85 Zip Code
SIGNATURE Signature, typed or printed name of	in the State of Florida. Such change was a pit the obligations of, Section 607.0505, Floret negocial agest and the Languerial (NOTE) (NOTE)	titida Statutes.  Registered Agent signature require		DATE
TITLE D	DELETE	117016		Change Addition
NAME ADEEB, JOSEPH I		1.2 NAME		-
STREET ADDRESS 5730 BOWDEN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE DISTALAN CHICHADA	[] DELETE	2.1 101 LE		Change Addition
NAME PUTNAM, RICHAR 5730 BOWDEN RD		2.2 NAME	ę.	£
STREET ADDRESS 3/3U BOWDEN HILL CITY-ST-ZIP JACKSONVILLE FL		2.3 STREET ADDRESS 2.4 CHY-S1-7IP		
TITLE	DÉLÉTE	3.1 111([		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP	**************************************	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - 7)P 5.1 TITLE	12 - The second	Change Addition
NAME	L) Mille	5.2 NAME		Fi Auguste Fil woulded
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 Dity-ST-ZiP		
TITLE	DITETE	6.1 IIILE		Change Addition
NAME		G.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	2021-000 14 000000 PRESIDENCE	6 4 CITY - ST - ZIP		
14. To o horeby certily that the informat Information indicated on this amuse I am an officer or director of the co appears in Block 12 or Block 13 if	tion supplied with this filing does not qualify al report or supplemental applit report is tri reportium. The receiver of tristee empower changed on an attretion of with a con-	ue and accurate and that i prod to execute this report ress.	in Section 119.07(3)(i), Florida Statule my signature shall have the same lege as required by Chapter 607, Florida S	al effect as if made under eath; that statutes; and that my name