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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020511 (0)

i '	C BLVD	Mailing Address	Mailing Address						
US		US				3. Date Incorporated or Qualified	3a. [Date of Last Ri	oport
						03/18/1993	l	/12/1996	Gisore
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1		plied for
21		26	raje naje i namene na namene mana na mana namene na na namene na namene na namene na namene na namene na namene			59-3175834		44	ot Applicable
Suite, Apt.	#, ØtC.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired		\$8.75 A	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t		
Zip	Country	Žφ	Co	ountry		8. This corporation has liability for			199.032,
24 25		29	30			I florida Statutes Yes No 10. Name and Address of New Registered Agent			
1/BP	9. Name and Address of Currer	it Registered Agent		81 1	Varne	10. Name and Address of New Re	gistered	Agent	
	DELL, SAMUEL D I ATLANTIC BLVD			L.J.,					
	KSONVILLE FL 32207			82 3	Sircet Ador	lress (P.O. Box Number is Not Acceptable)			
				83					
				64 (City			85 Zip (Code
4 Directors		2002 41 00 The life Olate			,	The second secon	<u> </u>	-	
11. Pursuant office or r agent. La SIGNATURE	to the provisions or sections our ways registered agent, or both, in the State im familiar with, and accept the oblig	of Florida Such change was ations of, Section 607,0505, F	ites, me a authoriza Iorida Sta	above-r ed by th atutes	iameo co-p ie corporati	oration submits this statement for the join's board of directors. I hereby acce	purpose op pt the ap	orenanging a pointment as	s fegistered registered
	Signature, typed or printed name of regetered ag-	سنشر وسنده سندي وأووست سندي			signature require	ed when reinstating)	DATE	 	
12.		ID DIRECTORS DEFETE	13.		7	ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR Change	RS IN 12
NAMÈ	P Kredell, Samuel D	L. Detett		NAME				LT One igo	L Addition
STREET ADDRESS	4051 ATLANTIC BLVD		ı	STREET AD	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1	1,4 C(1) Y - S1 - Z(P					
TITLE	VP	DELETE		217011				Change	Addition
NAME	Q UELLETTE, TAMMY D		221	NAMI					
STREET ADDRESS	4051 ATLANTIC BLVD		235	2.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CHY-S1 - ZIP 3.1 1/11F				Change	Addition
TITLE NAME		CT DECER		NAME				Change	Addition
STREET ADDRESS				MAIVIE STREET AD	nates				
CITY-ST-ZIP				CDY-ST-					
TITLE	DETEIL			41 1011				Change	Addition
NAME			4.2	NAME					
STREET ADDRESS			435	STREET AC	DRESS				
CITY - ST - ZIP			4.4.9	C(1Y-S1-2	?IP				
TITLE		Dittere	- 6	TILLE				∭ Change	Addition
NAME				NAME					
STREET ADDRESS	,		ı	STREET AU	l				
CITY-ST-ZIP TITLE		DELENE		CITY-ST-7 TITLE	(II)			Change	Addition
NAME		L.3 5444.15		NAME					
STREET ADORESS				STREET AD	ORESS				
CITY-ST-ZIP				CITY-SI-2					
	by certify that the information supplie	d with the filing door not gual				Lin Section 119 07/37(i) Florida Statute	se I furth	or certify that	the

4. Loo hereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(i), Forda Statutes. Ffurther 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

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5/1/07

398-4834

FILED

Jun 03 1997 8:00am

Secretary of State