F CORF ANNU	PROFIT PORATION IAL REPORT <b>1996</b>		R MAY 1 IS \$225 FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATIO		OF STATI am ite				
1. Corporation	Name	<b>P9300005</b> 4 S properties, in	•	1)					
Principal Place of Business 2156 SOUTEL DR JACKSONVILLE FL 32208		215	Maing Address 2156 SOUTEL DR JACKSONVILLE FL 32208				A INALANDA ATA TATA TATA ANA ANA ANA ANA ANA ANA	ISTAF UDIUL DIUL BAUULUKA	
							3. Date Incorporated or Qualified 07/30/1993	3a. Date of Last R 01/24/19	
2. Principal Pla 21	ice of Business	2a. M	failing Address				4. FEI Number 59-1112214		Applied For Not Applicable
Suite, Apt #	7, elo	S S	uite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22 City & State		ı	uty & State			<b>-</b>	6. Election Campaign Financing		Required O May Be
23 2ip	Coun	· · · · · · · · · · · · · · · · · · ·	qi	Co 30	untry		Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	tangible tax under s	3 to Fees 199.032,
24	25 9, Name and Add	29 ress of Current Register	ed Agent	30	Ţ		10. Name and Address of New Re	•	
BOBEK	BARRY A				<b>81</b> Nar		<u> </u>		
503 E M	ONROE ST					et Addres	ss (P.O. Box Number is Not Acceptable	e)	
JACKSO	NVILLE FL 32202				83				
					84 City	/		FL 85 Zi	Code
or registere	ed agent, or both, in th	clions 607.0502 and 607.1 re State of Florida. Such of gations of, Section 607.056	hange was autho	orized by the	ove-name corporatio	d corporat in's board	ion submits this statement for the purp of directors. I hereby accept the appo	xose of changing its r intment as registered	egistered office agent. I am
	Signature, typed or peoted nam	<ul> <li>chrequitered agent and the Tappi</li> <li>OF FIGERS AND DIRECTO</li> </ul>		(NOT: Registere		ture required v	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	RS IN 12
THE	PD PDOMAIING RA			1.1	TITLE			Change	RS IN 12
NAME STREET ADDRESS	BROWNING, BA 2156 SOUTEL D			1.2 NAM					1034
CITY ST 2IP	JACKSONVILLE				STREET ADDRE CITY - ST - ZIP				
TIJLE	sd Browning, Da	1	DEL ETE		TITLE			🔲 Change	Addition C
NAME STREEF ADORESS	1280 CRESTWO	odd st			NAME STREET ADDRE	ess			
CITY ST-ZiP	JACKSONVILLE	FL 32208			CITY-ST-ZIP			Change	
hituk NAME			C) DELETE		Tritle NAME			Change	Addition
STREET ADCRESS					STREET ADDR	ESS			
C(h - St-Z(P)					CITY - ST - ZIP				
NAM:			🗌 DELETE		TITLE NAME			Change	Addition
STREET ADURESS					STREET ADDRE	ESS			
C(1) - ST Z(P	·				CITY - ST - ZIP				Addition
T ILE NAME			DEL ETE		TITLE NAME			🔲 Change	Addition
STREET ADDRESS					STREET ADDRE	ESS			
<u>C:h_\$1_ZP</u>					CITY-S1-ZIP			— — — — — — — — — — — — — — — — — — —	
T ILE NAME			DELETE		THLF NAME			🔲 Change	Addition
Tercor.					STREET ADDRI	ESS			
STREET ADURESS									
CHY ST 7 P	L				CITY-ST-ZIP				
CHY ST ZP 14, 1 do hereby certify that cath; that f	the information indica Lam an officer or direc	ited on this annual report o	or supplemental a ne receiver or tru:	furnished and annual report istee empow	d does not t is true and	d accurate	the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect as i	made under