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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000062393 (2)

Principal Place  1712 KINGSLEY SUITE 6  ORANGE PARK	r AVE	Mailing Address P O BOX 2364 ORANGE PARK FL 32067-2 US	2364	<u> </u>			
US				3. Date Incorporated or Qualified 09/07/1993	04/01/1996		
2. Principal Pl	age of Business	2a. Mailing Address 26			4, FEI Number 59-3203246	-	Applied For Not Applicable
Suite Apt i	#. etc	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	)	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip			Country	1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No		
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		negratered Agent	81	Name	IQ. Name and Address of New Hos	Jisterou Agoin	
ANSBACHER, BARRY B 100 NATIONAL FINANCIAL BUILDING				Street Address (P.O. Box Number is Not Acceptable)			
4215 SOUTHPOINT BLVD JACKSONVILLE FL 32216				82 Street Address (P.O. Box Number is Not Acceptable) 83			
الممال	NOONVILLE FE DEETO		_		Manage		
			64	City		FL  85	Zip Code
office or re agent Lai SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation of the state of the obligation of the state of the s	f Florida, Such change was a ons of, Section 607,0505, Flo	outhorized by orida Statute	the corporal	coration submits this statement for the pition's board of directors. I hereby acception and the pition's board of directors. I hereby acception and the pition acception and the pition acception and the pition acception and the pition acception acceptance acception acceptance acception acceptance accepta	t the appointment	nt as registered
TILE	DV DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	HIBBARD, WILLIAM K		1.2 NAME			L VIII	mgc nadmon
STREET ADDRESS	1712 KINGSLEY AVE SUITE 6		1.3 STREET	ADDRESS			
OHY-\$1-7#	ORANGE PARK FL		1.4 CITY - S				
THEFE	DP DELETE		21 TITLE				arige Addition
NAME	CLARK, JEFFREY J		22 NAME			•	
STREET ADDRESS	1712 KINGSLEY AVE SUITE 6		2.3 STREET	ADDRESS			
Cify-SI-ZIP	ORANGE PARK FL		2. 4 CITY-ST-ZIP			• N	
THLE	DTS	☐ DELETE	3.1 TITLE			☐ Cha	ange Addition
NAME	Gariani, Gary		3.2 NAME				
STREET ACCIRESS	1712 KINGSLEY AVE SUITE 6		3.3 STREE	ADDRESS			
CITY+ST-ZIP	ORANGE PARK FL		3.4. CITY-		****		
TIFLE		DELETE	4.1 TITLE	Ĭ		☐ Cha	ange
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY - \$1 - ZIP			44 CITY-	SY-ZIP			
101 E		L DELETE	51 TITLE			Cha	ange Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CiTY+ST+ZIP	l	DELETE	5.4 CITY - 1	ST-ZIP		1105	ango Addisin-
TITLE		רו הנוגוג	6.1 TITLE			L Cha	ange
NAME.			6.2 NAME				
STREET ADDRESS			63 STREE	· · · · · · · · · · · · · · · · · · ·			
CITY-S1-ZIF	ou cortily that the information considered	with the filing door not avalle	6.4 CITY -		d in Section 119.07(3)(i), Florida Statutes	I further earlie	that the
informatio Lam an ol	indicated on this annual report or su	pplemental annual report is tr he receiver or trustee empow	rue and acc ered to exec	urate and that	o in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	effect as if mad	de under oath; that

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 - 269 - 3905 Daytime Phone #

0019720

**FILED** 

Jan 27 1997 8:00am

Secretary of State