FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporati	idward l	AGER, INC.	000065559 ((5)			PONT BONK BOND SKING BI	## ### ### ### ###
Principal Place of Business Mailing Address							DOUG BORN BOND DIGG! Bil	18: B1101 B1118 1811 1881
4070 HERSCHEL ST SUITE 9 JACKSONVILLE FL 32210			4070 HERSCHEL ST SUITE 9 JACKSONVILLE FL 32210		2 Databases and a Committee			
2. Principal F	Place of D. win					3. Date Incorporated or Qualified 09/14/1993	3a. Date of Las 04/06	t Report 5/1995
21	riace of Busin	1ess	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	. #, etc.		Suite, Apt. #, etc.		60-3909069		Not Applicable	
22	, -		<u> </u>	27		5. Certificate of Status Desired	1 1	75 Additional
City & Stat	te		City & State		6. Election Campaign Financing		e Required	
23			28			Trust Fund Contribution		.00 May Be
Zip 24		Country	Zip	Countr	у	· · · · · · · · · · · · · · · · · · ·	Added to Fees This corporation has liability for intangible tax under s 199.032,	
24	9 Name	25 Address of Cur	29 rent Registered Agent	30	·	Florida Statutes Yes	; □No	8 199.032,
	0. 1441110	dila Address of Cur	rent negistered Agent	81	T	10. Name and Address of New F	Registered Agent	
PEPE	R, RICHAR(O CUR		[61	Name			
3020 HARTLEY RD				82	Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)	
SUITE				83	 			
	SONVILLE F	L 32257						
					City		85	Z.p Code
11. Pursuant or register familiar wi	to the provision red agent, or ith, and accep	ons of Sections 607.05 both, in the State of Fl of the obligations of, Se	602 and 607,1508, Florida Statut orida. Such change was authoriz ection 607,0505. Florida Statutes	es, the above- ed by the corp	named corp coration's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing its	s registered office ecl agent. I am
SIGNATURE							-	
12.	Signature, typed or printed name of registered agent and site if autoicable OFFICERS AND DIRECTORS			vOTE: Registered Agent signature required v			DATE	···
TITLE	PD		DELETE	1. 1 TITLE	т.	ADDITIONS/CHANGES TO OFFI		
NAME		N, KARL J		1 2 NAME			☐ Change	Addition
STREET ADDRESS		GREENWOOD AVE		1 3 STREET	ADDRESS			
CITY - ST - ZIP		ONVILLE FL 32205		1.4 CITY - S				
TITLE	VSD		☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME		ETT, BEN H		2.2 NAME				LT Addition
STREET ADDRESS	1401400110001			2 3 STREET	ADDRESS			
CITY-ST-ZIP TITLE	JACKS	UNVILLE FL 32205		24 CITY-S	1 - ZIP			
NAME I			☐ DELĒTE	3 1 TITLE			☐ Change	Addition
STREET ADDRESS				3.2 NAME	ſ			ľ
CITY-ST-ZIP				3.3 STREET				
TIFLE	-		DELETE	3.4 CHY- ST	- ZIP			
NAME			[] vecen	4. 1 TITLE			☐ Change	Addition
STREET ADDRESS				4.2 NAME 4.3 STREET	IDODI CO			
CITY-ST-ZIP				4.4 CITY-ST				1
TOLE			DELETE	5. 1 Title	- £ IF		[] Ob	
NAME				5.2 NAME	- 1		Change	Addition
STREET ADDRESS				5 3 STREET A	IDORESS			ļ
CITY - ST - ZIP				5.4 DITY-ST				ſ
TITLE			DELETE	6. 1 TITLE			☐ Change	Addition
NAME STATE LEBELON				62 NAME				
STREET ADDRESS				6.3 STREET A	DDRESS			
CITY-ST-ZIP				64 CITY-ST	.7IP			İ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information incicated 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Had Store KAR J. SIGNEN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/19/96 (904) 389-5231