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

STREET ADDRESS

CITY-ST-ZIP



**FILED** 

May 16 1997 8:00am

## POCUMENT # P93000068438 (9)

FI	LE NOW: FIL	ING FEE AFT	FILED May 16 1997 8:00an Secretary of State			
COR ANNU	PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMEN  Sandra B. Mor  Secretary of St  DIVISION OF CORPO	
Principal Place 8280 PRINCET 8UITE 1 JACKSONVILLE	MENT STORE, IN	M 8 8 J	ailing Address 280 PRINCETON SQ. BLVI UITE 1 ACKSONVILLE FL 32258-0			
US		U	\$		3. Date Incorporated or Qualified 10/01/1993	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a.	Mailing Address		4. FEI Number	Applied For
21	*	26	6 2 6 4 4	· 	59-3203147	Not Applicable
Suite, Apt.		27	Suite, Apt. #, etc.		5. Certificate of Status Dosired	\$8.75 Additional Fee Required
City & State	θ	28	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Cour	itry	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 S Name and Add	29 ress of Current Regis		30	Florida Statutes  10. Name and Address of New Re	Yes No
928 SUI JAC	to the provisions of Se egistered agent, or bo	ections 607.0502 and 6 oth, in the State of Flori	07.1508, Florida Statutes da. Such change was au f, Section 607.0505, Flor	s, the above named couthorized by the corpor	rporation submits this statement for the pation's poard of directors. I hereby acce	FL 85 Zip Code  purpose of changing its registered pt the appointment as registered
SIGNATURE		me of registered agent and little		Rugiste ad Agent signature req	uired wheat reinstalised	DAIL
12.		OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		☐ DELETE	1,1701.6		Change Addition
NAME Street adoress	MMAN, CARL R 115 ORANGE ST	•	•	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MEPTUNE BEAC			1.4 CHY-ST-ZIP		
TITLE	81		☐ DELETE	21 THILE		Change Addition
NAME	KEE, DARLA M 2465 BISHOP ES	TATES DO		2 2 NAME		
STREET ADDRESS  CITY-ST-ZIP	JACKSONVILLE			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	•	
TITLE	O/IO/IO/IVILLE		DELETE	3.1 MLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-ST-ZIP 4.1 TILE	<u> </u>	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 \$TREET ADDRESS		
CITY-ST-ZIP		···	Driese	4.4 ÇITY- \$1-2IP		Ohones T 4 3300
NAME			DELETE	5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				54 CITY-ST-ZIP		
TITLE			DELETE	61 TITLE		Change Addition
A: Aldaer	i			E COMMES		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 legal effect as if made under oath; that I am an officer or director of the corporation of the red giver or 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 (i) on an littlachment with an address. INMAN PRSS. 412450(904) 789-7007

6.3 STREET ADDRESS