FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1. Corporation	IMENT # P940 ITELMO & ASSOCIATES, IN	100003929 NC.	(4)	I TEUTREFINE TEET BERNE BERNE BERNE	: #4(1): #4(1): #1):#4 (():# (#()# (#()# (#)): [#()
SUITE 102	I JOSE BLVD	Mailing Address 8847 SAN JOSE SUITE 102-A JACKSONVILLE F US			3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	04/24/1995 Applied For
Suite, Apt. 4	#, etc.	26 Suite, Apt. #, etc.		59-3218052	Not Applicable \$8.75 Additional
22 City & State 23	e	27 City & State 28		6. Election Campaign Financing	Fee Required S5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curren	2ip 29	Country 30	B. This corporation has lability for inta Florida Statutes A Yes 10. Name and Address of New Reg	angible tax under s 199.032,
 Pursuant to or registere familiar with SIGNATURE 	th, and accept the obligations of, Secti	tion 607.0505, Florida Statut	ites.	xalion submits this statement for the purpos ard of directors. I horeby accept the appoint	FL 85 Zip Code se of changing its registered office tment as registered agent. I am
	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Registered Agent signature required 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANTELMO, MARC A 8847 SAN JOSE BLVD JACKSONVILLE FL		1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/OF MINDLUTO OF THE	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CANTELMO, ANNA 8847 SAN JOSE BLVD JACKSONVILLE FL	DELETE	1 4 CRY-ST-ZIP 2 1 TIFLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CRY-ST-ZIP		Change Addition
THE NAME STREET ADORESS CITY-ST-ZIP	VSD CANTELMO, BETTY 8847 SAN JOSE BLVD JACKSONVILLE FL	DELETE	2.4 C(1Y-ST-ZIP 3.1 TITLE 3.2 NAME 3.3. STREET ADDRESS 3.4 C(TY-ST-ZIP		Change Addition
THLE NAME STREET ADDRESS CITY - ST - ZIP		DELEJE	4 UTY-ST-202 4 TTTLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-202		Change Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP		DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		Change Addition
HTLE VAME STREET ADDRESS CITY - ST- ZIP		DELETE	6. 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CHY - S1 - 71P		Change Addition
	am an officer or director of the corpora Block 12 or Block 13 if changed, on or	an epoint of supplementarian ration or the receiver or trust on an analymperit with an action and the supplement with an action		or the exemption stated in Section 119.07(3 the and that my signature shall have the sam is report as required by Chapter 607, Florida 4-19-96	ne legal effect as if made under a Statutes; and that my name