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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P94000005912 (8)

PLAN	ining analysis and design	in, inc.			
Principal Pi	race of Business	Mailing Address	·		
980 CARLOTTA RD. WEST P O BOX 11484 JACKSONVILLE FL 32211 JACKSONVILL E 32239-1: US			1464		
				3. Date Incorporated or Qualified 01/14/1994	3a. Date of Last Report
2. Principa	at Place of Business	2a. Mailing Address		4. FEI Number	<b>02/09/1996</b> Applied For
21		26		59-3252629	Not Applicable
	pt #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8 Si	state	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Ro	egistered Agent
	JAPOUR, DANIEL A		81 Name		
333-1 E. MONROE ST.			82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
J	IACKSONVILLE FL 32202		83		
		•	63		
			84 City		85 Zip Code
		00 1007 (500 F) 11 O			FL 63 Zip Code
office c agent SIGNATUR			s authorized by the corpor forida Statutes.  OTE Registered Agent signature rec	rporation submits this statement for the atton's board of directors. I hereby acce	pt the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
HILF	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
N/ME	CANNON, JOHN G		1.2 NAME		
STREET ADDRESS	960 CARLOTTA RD. WEST		1.3 STREET ADORESS		
CHY-S1-ZIP	JACKSONVILLE FL 32211		1.4 City-St-Zip		
TITLE	D	DELETE	21 TITLE		Change Addition
NAME	CANNON, LILLIAN I		2.2 NAME		
STREET ADDRES	,		2.3 STREET ADDRESS		
CITY ST 76	JACKSONVILLE FL 32211		2.4 City-ST-ZIP	3 f :	
Hite		DELETE	3.1 TITLE		Change Addition
N/AE			3.2 NAME		
STREET ALIGNES	SS		3.3 STREET ADDRESS		
CHY-ST AP		Thriere	3.4. CITY - ST - ZIP	- Type	[ ] () [ ]
Titt	1	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	55		4.3 STREET ADDRESS		
City-St-ZiP		DELETE	4.4 CITY-ST-ZIP		Change Addition
Tift!		C) origin	5.1 TITLE		The company of the control
NAME BUILDER ASSOCIA	er .		5.2 NAME		
STHEFT ADDRES	bb		5 3 STREET ADDRESS		
CHY ST-76°		DELETE	5.4 CITY-ST-ZIP		Change Addition
THIE		ר"ז מנוגוג	6.1 TATLE		FI A WOOLD
NAME STREET ADDRES			6.2 NAME		
	CC 1		6.3 STREET ADDRESS		

6.4 CITY - ST - ZIP 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name