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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1997 8:00am Secretary of State

rincipal Plac 3105 BRIDGE JACKSONVILI		Mailing Address 3105 BRIDGESTO JACKSONVILLE F							
					3. Date Incorporated or Qualifie 03/10/1994		ate of La 4/25/1	ast Report	
Principal P	Piace of Business	2a. Mailing Addre	SS		4. FEI Number 59-3224704		.,,	Applied Fo	
∐ Sude, Apt	#, etc	26 Suite, Apt. #, €	etc.				\$8.	Not Applic 75 Additiona	
		27			5. Certificate of Status Desired			e Required	
City & State	Ċ	City & State			Election Campaign Financing Trust Fund Contribution	i M		.00 May Be	
<i>Z</i> ip	Country	28 Zip	7 6	Country	8. This corporation has liability				
	25	29	30		Florida Statutes	☐ Yes	X No		
	 Name and Address of Curren IORIO, JOAN P 	t Registered Agent		81 Name	10. Name and Address of New	Registered	Agent		
	05 BRIDGESTONE DRIVE				(DO D. H. H. L. H.)			· · · · · · · · · · · · · · · · · · ·	
	CKSONVILLE FL 32216			82 Street A	Address (P.O. Box Number is Not Accep	otable)			
				83					
				84 City	,	FL	85	Zip Code	
. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida	Statutes the	above-named	corporation submits this statement for the			ina its reaiste	erec
agent La	mi furniliar with, and accept the obliga	ations of Section 607.0	605. Florida S	zed by the corp Statutes.	poration's board of directors. I hereby ac	cept the ap	pointino		
SNATURE	Signature, typical or perhadrance of registered age	nt and title if applicable		ered Agent signature	corporation submits this statement for the control of the control of directors. I hereby ac required when reinstating) ADDITIONS/CHANGES TO OF	DATE			
GNATURE	Share in pyleologies to the range of registered age OFFICERS ANI	nt and title if applicable	(NOTE: Regist	ered Agent signature	required when reinstating)	DATE		TORS IN 12	2
SNATURE	Stand in typical or performance of rigistered age OFFICERS AND DP DIORIO, JOAN P	nd and title if applicable D DIRECTORS	(NOTE: Regist	ered Agent signature 3. 1 TITLE 2 NAME	required when reinstating)	DATE	D DIREC	TORS IN 12	2
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