CO	ILE NOW: FILIP PROFIT RPORATION UAL REPORT 1997	NG FEE AFTER	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	May 19	LED 1997 8: ary of S1	
<ol> <li>Corporation</li> </ol>	MENT # P	94000024 ce, inc.	689 (9)				
2515 N. EDG	ce of Business SEWOOD AVE LLE FL 32254	2515	ig Address N. EDGEWOOD AVE (SONVILLE FL 32254-		E GEOLUGUE HO EQUILOSOFI DOMU DOMU DOMU	UUTIT OURIJO IAURI DITUTU OTIUR (1	1410 JULI (60)
					3. Date Incorporated or Qualified 03/28/1994	3a. Date of Last R 04/30/1996	
	Place of Business		alling Address		4. FEI Number 59-3242944		oplied For
suite, Apt	#, etc	<b>-</b>	iite, Apt. #, etc.	******	5. Certificate of Status Desired	\$8.75	Additional
City & Sta	ite	27 Ci	ly & State		6. Election Campaign Financing		equired May Be
240 Zipi	Country	/ <b>28</b> / Ζη	p	Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
24]	25 9. Name and Addres	29 ss of Current Registere		30]	Florida Statutes 10. Name and Address of New R	Yes No	
	NAUDO, FRANK J			81 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	515 N. EDGEWOOD AV ACKSONVILLE FL 3225				dress (P.O. Box Number is Not Accepta	ble)	
				83	<u></u>		
				84 City		85 Zip	Code L
11 0			1500 Classific Otab da		and the state this statement for the		
11. Pursuant office or agent 1	t to the provisions of Secti registered agent, or both am familiar with, and acco	ions 607.0502 and 607. , in the State of Florida, ept the obligations of, Se	1508, Florida Statute Such change was au ection 607,0505, Flor	s, the above-named cor uthorized by the corpora ida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce		
11. Pursuant office or agent 1 SIGNATURE	t to the provisions of Socti- registered agent, or both am familiar with, and acce Signatine, galed or perteoname			s, the above-named cor uthorized by the corpora ida Statutes.			ts registered registered
SIGNATURE	Styral instituted or printed name		picable. (NOTE:	Registered Agent signature requ 13.		purpose of changing li apt the appointment as DATE	ts registered registered
SIGNATURE <b>12.</b> IIILE NAME	Starst in gand or perfect rame OF PP RINAUDO, FRANK	of registered agent and tile if ap FICERS AND DIRECTC	picable. (NOTE: DRS	Registered Agent signature req. 13. 1.1 TITLE 1.2 NAME	uired when reinstaling)	DATE CERS AND DIRECTOF	ts registered registered RS IN 12
SIGNATURE 12. The NAME STREET ADDRESS	Starst in gand or perfect rame OF PP RINAUDO, FRANK	of og stried agent and tilk if ap FICERS AND DIRECTC J OD AVE	picable. (NOTE: DRS	Registored Agent signature requ 13. 1.1 TITLE	uired when reinstaling)	DATE CERS AND DIRECTOF	ts registered registered RS IN 12
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SIGNATURE 12. 1114 NAME STREELADURESS OTV - ST-7/P TULE NAME STREELADORESS OT1 - ST-7/P	Styrating typed or pertod name OF RINAUDO, FRANK 2515 N. EDGEWO	of og stried agent and tilk if ap FICERS AND DIRECTC J OD AVE	Priceable (NOTE: IRS DELETE	Registered Agent signature req.       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	uired when reinstaling)	DATE CERS AND DIRECTOP Change Change	ts registered registered
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