FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	LOANS OF JACKSONVIL	LE V, INC.	5)			.	
Principal Place	of Business	Mading Address			†		
735 NW 22 MIAMI FL		8601 DUNWOODY PLACE STE. 718 ATLANTA GA 30350					
		US		3. Dat	e Incorporated or Qualified 05/02/1994	3a. Date of Last R 08/10/1	•
2. Principal Pla	ce of Business	2a. Mailing Address		4. F£I	Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #. etc.			65-0491039		Not Applicable
22		27 Suite 406		5. Cer	tificate of Status Desired	1 1	5 Additional
City & State		City 8 State	20C	6 Filo	ction Campaign Financing		Required
23		28			st Fund Contribution		May Be of to Fees
Zip	Country	Zip	Country		s corporation has liability for it		
24	25	29	30			□No	100.002
······································	9. Name and Address of Curre	nt Registered Agent		10. Na	me and Address of New R	egistered Agent	
			81 Name	7 (~	nito200	Sugge	
CAPPS, GERALD N			82 Street Ad	ddress (P.O. E	lox Number is Not Acceptable	(e)	~ .
	N 22 AVE	ar '	B3 V 6	100 2	outh Pinc	TSION	Rd.
MIAMI	FL 33125						
			84 City	. !		85 Zi	p Code
11. Pursuant to	the provisions of Sections 607/050	2 and 607.1508. Elorida Statut			its this statement for the num	nose of changing its	13377
or registere	o the provisions of Sections 607 050 of agent, or both, in the State of Flor n, and accept the oblightions of, Sec	ida. Such chan R. Niluta tion 607 0505, boords Statutes	in by the corporation six	oard of directo	rs. I hereby accept the appo	pose of changing its r pintment as registered	agent. I am
SIGNATURE	i, und descipt the designations of, sec	tion 607.0505 Home Status ASSISTA	NT SECRET.	WIV T		11/14	100
SIGNATURE	ignature, typed or princed mirror of registered ager		To Registered Agent signature requ	vired when reinstati	(i)	DATE	1-10
12.	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	ID DIRECTORS	13.		DITIONS/CHANGES TO OFFI	ICERS AND DIRECTO	SRS IN 12
TITLE	РΥ	DELETE	1. 1 TITLE			🕰 Change	Addition Addition
NAME	AYCOX, ROD		1.2 NAME		· ·		
STREET ADDRESS	8601 DUNWOODY PL. ST	E. 718	1.3 STREET ADDRESS	8001 C	19 poocunu	ace, Suit	r- 406
CITY-S1-ZIP	ATLANTA IGIA	Projects	1.4 CITY-ST-ZIP		•		
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NAME			22 NAME				}
STREET ADDRESS			23 STREET ADDRESS				
CHY-SI-ZIP TITLE	**************************************	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE			C) Chance	Addition
NAME			3 2 NAME			☐ Change	☐ Addition
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CITY-ST-ZP			3.4 CITY - ST - ZIP				
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NAME			4.2 NAME			C	
STREET ADDRESS			4.3 STREET ADDRESS				-
City-Si-ZiP			4.4 CITY - ST - ZIP				1
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NAME			5.2 NAME]	LOOOO180 -05/02/96010	J4241	
STREET ADDRESS			5.3 STREET ADDRESS		~U5/UZ/36~~U1U ******	12021	
CITY-ST-ZIP	······································		5 4 CITY-ST-ZIP		***200.00		
TITLE		DELETE	6 1 TITLE			☐ Change	Addition,
NAME			6.2 NAME				1-40
STREET ADDRESS			6.3 STREET AUDRESS			5	TIR
City-ST-ZiP 14. Ldo hereby	certify that the information supplied	with this films is voluntarily from	6.4 CITY-S1-ZIP	/ for the	ation attitud to De-Personal Con-		
certify that	the information Indicated on this app	with the name is voluntarily fum!	siled and does not qualify	y ior trie exem	priori stated in Section 119.0	ル(3)(k), Florida Statut	es. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 12 in change for on an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4.22.96

Daytime Phone II