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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052996 (3

| rcipal Place of Business   | Mailing Address   | ·   |   |   |                       |
|--|---|---|---|---|-----------------------|
| 27 EDENFIELD RD<br>CKSONVILLE FL 32277   | 5527 EDENFIELD RD<br>JACKSONVILLE FL 32:  | 277-1408  |   |   |                       |
|  |   |   | 3. Date Incorporated or Qualified   | 3a. Date of Last Rep                                    | ort                   |
|  |   | · · · · · · · · · · · · · · · · · · ·   | 07/14/1994<br>4. FEI Number   | 07/23/1996  |                       |
| Principal Place of Business  | 2a. Mailing Address   |   | 4. FET Number   | Appl  | ied For               |
| Suite, Apt. #, efc   | 26  <br>  Suite, Apt. #, etc.   |   | NOT APPLICABLE  | ¢0.75   | Applicat              |
| Conc. 1742 W. Cit.   | 27  |   | <ol><li>Certificate of Status Desired</li></ol>   | Fee Requ  |                       |
| City & State   | City & State  |   | 6. Election Campaign Financing  | \$5.00 M  | lav Be                |
|  | 28  |   | Trust Fund Contribution   | Added to  |                       |
| Zip Country  | Zφ  | Country   | 8. This corporation has liability for   |   | 99.032,               |
| 25   | 29 <br>of Current Registered Agent  | 30  | Florida Statutes  10. Name and Address of New R   | Yes No  |                       |
|  | OI CUITAIN NOGISTOIDO AGEIN   | 81 Name   | TV. TERMS AND ADDRESS OF THEM IN  | ediate.en whelit  |                       |
| WISE, KIMBERLY J   |   |   |   |   |                       |
| 5527 EDENFIELD RD  |   | 82 Street Add   | dress (P.O. Box Number is Not Accepta   | able)   |                       |
| JACKSONVILLE FL 32277  |   | 83  |   |   |                       |
|  |   | 84 City   | ***************************************   | 85 Zip Co   | do                    |
|  |   | 1   |   |   |                       |
| Duraward to the provisions of Continu  |   |   |   |   |                       |
| Fursuadi to the provisions of Section     For the social and sections  | ns 607.0502 and 607.1508, Florida Sta   | atutes, the above-named co  | rporation submits this statement for the  | purpose of changing its                                 | register              |
| <ul> <li>office or registered agent, or both, in<br/>agent, i am familiar with, and accept</li> </ul>  | ns 607.0502 and 607.1508, Florida Sta<br>n the State of Florida. Such change wa<br>t the obligations of, Section 607.0505,  | atutes, the above-named co<br>as authorized by the corpor<br>, Florida Statutes.  | rporation submits this statement for the ation's board of directors. I hereby according   | purpose of changing its re<br>ept the appointment as re | registere<br>gistered |
| SRETAINS   |   | atutes, the above-named co<br>as authorized by the corpore<br>, Florida Statutes.   | rporation submits this statement for the ation's board of directors. I hereby according to the statement of | purpose of changing its a<br>ept the appointment as re  | registere<br>gistered |
| GNATURESignarize, typied or printed narrie of i  | registored agent and title if applicable (  | NOTE. Registered Agent signature req  | guired when rainstating)  | DATE  |                       |
| SNATURE Signarize, typed or profed name of a OFFI  | registered agent and title if applicable (  | NOTE. Registered Agent signature req  |   | DATE<br>ICERS AND DIRECTORS                             | IN 12                 |
| SNATURE   Majorar relityped or printed name of OFFI  | registored agent and title if applicable (  | NOTE Registered Agent signature req   | guired when rainstating)  | DATE<br>ICERS AND DIRECTORS                             | IN 12                 |
| SNATURE  Signal tre, typed or pointed minor of OFFI  IF D  WISE, KIMBERLY J  | registered agent and the if applicable (in ICERS AND DIRECTORS DELETE   | NOTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME  | guired when rainstating)  | DATE<br>ICERS AND DIRECTORS                             | IN 12                 |
| SINATURE  Majour ve. typed or pointed name of other parts.  OFFI  BE D  WISE, KIMBERLY J  5527 EDENFIELD RD  | registered agent and the ill applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREEY ADDRESS   | guired when rainstating)  | DATE<br>ICERS AND DIRECTORS                             | IN 12                 |
| SNATURE  Major rectified or pointed nation of the control of the c | registered agent and the ill applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | guired when rainstating)  | DATE<br>ICERS AND DIRECTORS                             | IN 12                 |
| GNATURE  Migrar re, typed or pointed nation of the Conference of t | registrated agent and the if applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature req  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | guired when rainstating)  | DATE ICERS AND DIRECTORS  Change                        | IN 12                 |
| SINATURE  Signar Fe, typed or pointed narior of the Conference of  | registrated agent and the if applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature req  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  | guired when rainstating)  | DATE ICERS AND DIRECTORS  Change                        | IN 12                 |
| SINATURE  Signar in typed or pointed narior of OFFI  If OWNSE, KIMBERLY J  5527 EDENFIELD RD  JACKSONVILLE FL 3  BELLADDRESS   | registrated agent and the if applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature reg  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME  | guired when rainstating)  | DATE ICERS AND DIRECTORS  Change                        | IN 12                 |
| SINATURE  Majour ve. typed or pointed name of other parts.  OFFI  BE D  WISE, KIMBERLY J  5527 EDENFIELD RD  | registrated agent and the if applicable ( ICERS AND DIRECTORS  DELETE   | NOTE Registered Agent signature reg  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS  | guired when rainstating)  | DATE ICERS AND DIRECTORS  Change  Change                | IN 12<br>Addi         |
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| SINATURE Signer ite, typed or printed manus of OFFI  D WISE, KIMBERLY J SELL ADDRESS V-S1-7/P JACKSONVILLE FL 3  HE LADDRESS V-S1-7/P ME REFLADDRESS V-S1-7/P LE   | registered agenc and the if applicable ( ICERS AND DIRECTORS  DELETE  DELETE  DELETE  | NOTE 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 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE   | guired when rainstating)  | DATE ICERS AND DIRECTORS Change Change Change           | IN 12 Addi            |
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SIGNATURE:

KNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

**FILED** 

May 07 1997 8:00am

Secretary of State

Daytime Prione #