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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400079658 (8)

SRB GROUP INC.

Principal	Place	of	Business
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Mailing Address

398 W POINT WASHINGTON RD SANTA ROSA BEACH FL 32459 398 W POINT WASHINGTON RD SANTA ROSA BEACH FL 32459-5563

## FILED May 13 1997 8:00am Secretary of State



_					3. Date Incorporated or Qualified 3a. Date of Last Report			
		<del></del>			10/28/1994 04/08/1996			
<b>⊢</b>	Place of Business	2a. Mailing Add	iress		4. FEI Number Applied For			
21	<del></del>	26			<b>59-3278629</b> Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. :	#, etc.		5. Certificate of Status Desired See Required			
City & Stat	to	City & State	;		Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ		Country	8. This corporation has liability for intengible tax under s. 199.032,			
24	25	29	30		Florida Statutes 🗹 Yes 🗌 No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent			
JAN	NSSEN, JEFFREY			81 Na	ame			
398 W POINT WASHINGTON RD SANTA ROSA BEACH FL 32459				82 Street Address (P.O. Box Number is Not Acceptable)				
				52 Street Address (n.o. nox indiffer is not Acceptable)				
				83				
i								
				<b>84</b> Cr	rty FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508. Flor	rida Statutes, th	ne above nai	med corporation submits this statement for the purpose of changing its registered			
office or I	registered agent, or both, in the State	e of Florida. Such cha	inge was autho	яіzed by the	corporation's board of directors. I hereby accept the appointment as registered			
	am familiar with, and accept the oblig	jations or, section 60	7.05 <b>05,</b> rionda	Statutes.				
SIGNATURE:	Signature, typed or printed name of registeres ap-	est and life if as elseable		stered Agent sig	pot we required when winstang) DATE			
12.		ID DIRECTORS	- ···	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPST		DELETE	13 1111	P/ST Y Change Addition			
NAME	JANSSEN, JEFFREY			1.2 NAME	Janssen, Jeffrey			
STREET ADDRESS	398 W POINT WASHINGTON	RD		13 STREET ADDR	RESS 200 LL DT ( ) ASUALLTOA)			
CITY-ST-ZIP	SANTA ROSA BEACH FL	1,15		1.4 City-St-ZiP	5			
TITLE	P		-:	2.1 THE	VP/D			
NAME	BILTHOUSE, ED		T T	2.2 NAME				
STREET ADDRESS	717 E PACES FERRY RD			2.3 STREET ADDR	BUILTHOUSE, ED  PLESS 717 & PACES FERRY RD			
CITY-ST-ZIP	ATLANTA GA			2 4 GHY - ST ZII				
TITLE	AIDITIA GA			2 5 THLE	Change Addition			
NAME		Hand '		3 2 NAME	Li Villigo Li redillon			
STREET ADDRESS				33 STREET ADDR	proc			
]								
CITY-ST-ZIP TITLE	<del></del>			34. C:TY-S*-Z# 4.1 TRUE	Change Addition			
		<b>□</b> '			Change Adoution			
NAME				4 2 NAME				
STREET ADDRESS	Į.			4.3 STREET ADDR	<b>\</b>			
CITY-ST-ZIP				4.4 CHY - ST - ZIP				
TITLE				51 TILL	Change  Addition			
NAME			1	5.2 NAME				
STREET ADDRESS	]			5.3 STREET ADDR	RESS			
CITY-ST-ZIP				5.4 CHY+S1 ZIP				
TITLE			DELETE	6.1 TBLE	Change L Addition			
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET ADDR	PESS			
CITY-ST-ZIP				6.4 CITY - ST- ZIP				
	by certify that the referenction curvilie	d with this files door			ligg stated in Syction 110.07/2V.) Florida Statutos I further certify that the			

4. To need by certify that the information supplied with distingt does not quality for the exemption state of the source of the composition of the receptor of supplied and a pour report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receptor of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or own in that me address.

CIONIATURE

4-30-47

904-154-4211