2005 FOR PROFIT CORPORATION

FILED May 31. 2005 08:00 AM

•	ANNUAL	REPORT	$r \in P$		7 31, 2003 08:00 2
1. Entity Nar	IMENT # P94000080 CORPORATION	379			Secretary of State
50 NORTH I SUITE 2500	ce of Business LAURA STREET) LE, FL 32202 US	Mailing Address 50 NORTH LAURA STREET SUITE 2500 JACKSONVILLE, FL 32202	JS	+ Juranika di Hangari Maranika adik	NICE NATIONAL DE PROPERTOR ANGEL ANGEL ANGEL ANGEL ANGEL ANGEL
C	OO NOT WRITE	and the second s	DE	05182005 No Chg- 4. FEI Number 59-3276974 5. Certificate of Status Des	Applied For Not Applicable
	6. Name and Address of Current	Registered Agent			
MOORE, TERRY A 50 NORTH LAURA ST. SUITE 2500 JACKSONVILLE, FL 32202				DO NOT IN THIS	
8. The above the obligat	a named entity submits this statement for tions of registered agent.	the purpose of changing its registere	d office or registe	red agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE Begistered	Agent signature require	d when rainstaling	DATE
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.			cing \$5	.00 May Be	D.II.E
10.	OFFICERS AND I	DIRECTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENHALIM, ABDULHAMID 50 NORTH LAURA STREET SUIT JACKSONVILLE, FL 32202	U00000368640 05/31/05-80010-007 550.00			
TITLE NAME SYREET ADDRESS CITY-ST-ZIP	VS MOORE, TERRY A 50 NORTH LAURA STREET, SUI JACKSONVILLE, FL 32202	TE 2500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Signature and Typed On Printed NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 (904) 798-3700 Date Daytime Phone #