## 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 # P9500000049 (3)

GROSSE & TRITT, P.A.

<u></u> ,		Mailing Address 2222 PARK ST. JACKSONVILLE FL 32204-4	1318			
				3. Date Incorporated or Qualified 01/01/1995	3a. Date of Last Report 05/01/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3287218	Not Applicable	
Suite, Ap	of #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & St.	ate	City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ziţi	Country	Zφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29	30		Yes No	
	g. Name and Address of Curi	rent Registered Agent	B1 Name	10. Name and Address of New Re	egistered Agent	
	ROSSE, A. BARRY		81 Name			
2222 PARK ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
JAI	CKSONVILLE FL 32204		83			
			84 City		FL 85 Zip Code	
agent I SIGNATURE	Lam familiar with, and accept the ob Superior, typed or profit mans of represent	ligations of, Section 607.0505, Fl	orida Statutes. E. Rogistered Agent's gnature req		DATE	
12.	the production of the second contract of the	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition	
T ILE NAMI	GROSSE, A. BARRY	[] Diffit	1.1 TITLE 1.2 NAME		Change : La Addition	
STREET ADDRESS	AAAA BABU AT		1.3 STREET ADDRESS			
CHY SI-ZE	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP			
1114	D	DELETE	21 TITLE		Change Addition	
NAME	TRITT, ARNOLD D JR		2.2 NAME			
SUREET ADDRESS	1 = -		2.3 STREET ADDRESS			
CHY 5'-ZIP	JACKSONVILLE FL 32204		2. 4 CITY~ST~ZIP		·····	
11/14		☐ DELETE	31 TITLE		Change Addition	
NAME			3.2 NAME		•	
STREET ADDRESS	2		3.3 STREET ADDRESS			
OTY-SI-ZF MG	·	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAM(		En pricett	4.2 NAME	÷	C Stange C Multion	
SIRELL ADDRES	Α.		4.3 STREET ADDRESS			
CHY-ST ZIP	*		4.4 CITY-ST-ZIP		÷	
10'14		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	35		5.3 STREET ADDRESS			
3HY ST-Z0			5.4 CITY-ST-ZIP	·		
THE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRES	8		63 STREET ADDRESS			

64 CITY ST 28

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, the Lam 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on ag

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. TRIT, JR

3/31/67 (

(904) 381.274

**FILED** 

Apr 03 1997 8:00am

Secretary of State