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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P95000000239 (0)

	P.A.			
Principal Place of Business	Mailing Address		i deditabli did ameni devita nevita nevita	11 42111 GB114 S2111 44112 11256 11114 1214 1214
200 SOLANA RD.	200 SOLANA RD.			
PONTE VEDRA BEACH FL 32082	PONTE VEDRA BEACH	FL 32082		
-			3. Date Incorporated or Qualified	3a. Date of Last Report
			01/03/1995	Applied For
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Not Applicable
21	26		59-3288661	\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
22	Oity & State		6. Election Campaign Financing	\$5.00 May Be
City & State	28		Trust Fund Contribution	Added to Fees
Zin Country	7Ip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
Zip Country <b>25</b>	k	30	Florida Statutes X Yes	LI No
	of Current Registered Agent		10. Name and Address of New R	egistered Agent
		81 Name		
WORRELL, DAN L		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
428 A OSCEOLA AVE.				
JACKSONVILLE BEACH FL 3	2250	83		
UNDINOUTHILL DENOTTE OF	<del></del>	84 City		FL 85 Zip Code
	s 607.0502 and 607.1508, Florida Statutes		to the out	at abanding its registered office
<ol> <li>Pursuant to the provisions of Sections or registered agent, or both, in the Sta- familiar with, and accept the obligation</li> </ol>	na or, occasi son reservi			
familiar with, and accept the obligation  SIGNATURE  Signature bused or product name of n	ngeltered agent accurrent applicative (NOT)	Exigiptered A just signature of pr	D/// ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
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Too nereby certify that the information supplied with this hing is voluntarily rumished and does not qualify for the exemption stated in Section 1.18.07(s)(iii), Frontal Statutes in order certify that the information indicated on this arreport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 13 if changed for on an attachment with an address.

SIGNATURE: SIGNATURE AND TO EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (904)280-0771