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 # P9500004031 (7)

RIVER CITY PRINTING, INC.

Description Of the	of Discionan	Atalian Address							
Principal Place of Business Mailing Address									
2808 ART MUSEUM DR B535-3 BAYMEADOWS RD			RD						
208	E &i 99907	SUITE 6 JACKSONVILLE FL 322	SE.7400			1			
JACKSONVILLE FL 32207 JACKSONVILLE FL 32256-						3. Date Incorporated or Qualified 01/17/1995	3a. Date o		eport
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21 Suite, Apt. #, etc. 22 City & State		26	Suite, Apt. #, etc. 27 City & State			59-3288338 Not As			t Applicable
		h				5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28							
Zip	Country	Zip	Coi	untry		8. This corporation has liability for it	ntangible tax	under s	199.032,
24	25	29	30			Florida Statutes	Yes X N	io	
	9. Name and Address of Curre	ent Registered Agent		Γ		10. Name and Address of New Re	latered Age	nt	
PΩ	LK, DENNIS W. JR.			81	Name		,		
	1 PORT WINE LANE			-	Otto at Salah	(0.0.0.11)			
			82			ress (P.O. Box Number is Not Acceptab	ie)		
JACKSONVILLE FL 32225				83					
						<u></u>			
				84	City		FL ⁸	5 Zip (Code
				<u>Ļ_</u>		poration submits this statement for the p			
SIGNATURE.	Signature, typed or printed name of registered a			d Age	ent signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	DPTS	☐ DELETE	1.1 T	ITLE				Change	Additio
NAME	POLK, DENNIS W JR		1.2 N	IAME					
STREET ADDRESS	731 PORT WINE LANE		1.3 S	TAEET	ADDRESS				
CHY-ST-ZIP	JACKSONVILLE FL		1,4 0	ITY-5	T-ZIP				
TIFLE	V	DELETE	2.1 T	ITLE				Change	Additio
NAME	HENRY, DAVID W.	•	2.2 N	IAME					
STREET ADDRESS	731 PORT WINE LANE		2.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		2.44	CATY-!	ST-ZIP				
THEF		☐ DELETE	3.1 T	ITLE				Change	Additio
NAME			32N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY - ST - ZIP			3.4 (OITY-1	ST-21P				
DILE		☐ DELETE	4.1]					Change	Addition
NAME			4.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP					IT-ZIP				
Tille		☐ DELETE	511	_				Change	Addition
NAME				IAME			_	•	
			1		ADDRESS				
STREET ADDRESS					1				
CITY-SI-7P		DELETE			IT-ZIP			Change	Additio
DILE		F"1 DEFEIE	6.1 T				ليبا	Augulic	חוויטית ו
NAME			1	AME		1			
STREET ADDRESS					ADDRESS				
017V_Q1_7/2	1		640	TY_C	מוּל. זוּ				

14. I do hereby 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; 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 inchanged, or on an attachment with an address.

SIGNATURE

SHATURE AND TYPED OR PRINTED HAME OF SENING OFFICER OR DIRECTOR PRESIDENT

2/12/97

(904) 398-1600

FILED

Feb 18 1997 8:00am

Secretary of State

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