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

**CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000020169 (5)

Principal Place of Business Mailing Address  121 W. FORSYTH ST. SUITE 110 SUITE 110 JACKSONVILLE FL 32202  Principal Place of Business Mailing Address  121 W. FORSYTH ST. SUITE 110 JACKSONVILLE FL 32202-3913					
				3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 04/02/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3315856	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	
24	25	29	30		Yes No
1/05	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
2699	INEST, MICHAEL J 9 TREASURE COVE LN. KSONVILLE FL 32224			ress (P.O. Box Number is Not Acceptat	ole)
			84 City		FL 85 Zip Code
agent. I a SIGNATURE	Signature, typed or printed risin c of repisiered a OFFICERS A	igent and title if applicable (NC ND DIRLCTORS	Torida Statutes.  11. Begistered Agent signalure requi	poration submits this statement for the plants of directors. I hereby acception's board of directors. I hereby accepted when rehistates)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1111.6		Change Addition
NAME	KREINEST, MICHAEL J		1,2 NAME		
STREET ADDRESS	121 W. FORSYTH ST. JACKSONVILLE FL 32202		1.3 STREET ADDRESS		
CITY-ST-ZIP	D D	DELETE	1.4 C/TY - ST - ZIP 2 1 TILLE		Change Addition
NAME	KREINEST, JAMES E		2.2 NAME		C Change C 1000
STREET ADDRESS	2931 GREENWOOD RD		2 3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		2. 4 CITY - \$1 - 7IP		
TITLE		☐ DECETE	3.1 THUE		Change Addition
NAME	·		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DEFET	3.4. CHY-S1-ZIP		Change Addition
TITLE		L_ DELETE	4.1 TITLE		El cualdo El yapituri
NAME STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE	-	DELETE	511011		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY+ \$1 - 2IP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS		

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 aprofal report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the supportation 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 planned, or on an attachment with an address.

6.4 CITY-ST-ZIP

**FILED** 

Apr 24 1997 8:00am

Secretary of State