FILE NOW: FILING FEE AFTER MAY 1-18 \$225:00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

AMENDED AS OF 6/1/96

1996

DOCUMENT # 1. Corporation Name

P95000010955

PAP	RIKA'S, INC.			i	
Principa! Place	of Business	Mailing Address			
ONE INDEPENDENT DRIVE SUITE 3000 JACKSONVILLE FL 32202		P. O. BOX 59 JACKSONVILLE, FL 32201		Date Incorporated or Qualified	3a. Date of Last Report
UNLINDAY	VIIIIII III JEEOE			09/08/1995	59-3336662
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt. #, etc		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	\$5.00 May Be
City & State		Gity & State		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Agent
********	err 110010 II		81 Name		
MCCORMICK, NORMA W ONE INDEPENDENT DRIVE, SUITE 3000			B2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
		1TE 3000	83		
JACKSON	VILLE FL 32202		63		
1			84 City		FI 85 Zip Code
11. Fursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above named corp	poration submits this statement for the pur	roose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of. Se	erda. Such change was autho chon 607,0505, Florida Statut	rized by the corporation's b es	oard of directors. Thereby accept the app	ontment as registered agent. Lam
SIGNATURE					
	Signature Name (Comprehendad)		Note: Buildern Aports quatro re- 13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	1 1 TI'LE	ADDITIONS OF ANGES TO OFF	Change Addition
NAME	PD		1.2 NAME		
STREET ADDRESS	NAGY, FERENCE		13 STHEET ADDRESS	308 S. Harbor Cit	y Blvd.
CITY ST ZIP	P. O. BOX 1821 MELBOURNE FL 329	in 2	1.4 CUTY - ST - ZIP		2901
TITLE	STD	DELETE	2 1 TIILE		Change X Addition
NAME	FUSILLO, PAUL F.,	\$ R.	2.2 NAME		
STREET ADDRESS	DORESS P. O. BOX 1180		2.3 STREET ADDRESS	1	
CHY-ST-ZIP	MELBOURNE FL 32	902	2.4 C/TY - ST - Z/P	Melbourne, FL 3	2901
Till€ ,		☐ DELEJE	3 1 Toll E 🕌 .		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY - SF - ZIP 4.1 THE		Charige Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ACORESS		
CITY - ST - ZIP			4 4 C(TY - ST - ZIP		
TITLE		☐ DELETE	5 1 MEF -	00000188	361 5 Change □ Addition
NAME			5.2 NAME	00000188 -07/08/96010	045019
STREET ADDRESS			5.3 STREET ADDRESS	***61.25	-
CITY - ST - ZIP			5.4 CHTY ST-ZIP		- LX Al-
TITLE		☐ DELETE	6 1 1111		TI CHAIR LI MAINDE
NAME			6 2 NAME		Total Adjust
STREET ADDRESS			6.3 STREET ADDRESS		(112

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in hangest or on an attachment with an address.

SIGNATURE

taul fusillo Sa 6-11.95 723-2941

CR2E034 (12/95)