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CORPORATION ANNUAL REPORT

1997



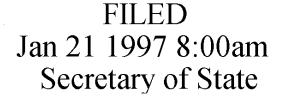
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000071671** (8)

AUDREY MCKIBBIN MORAN, P.A.





Principal Place of Business 701 FISK STREET SUITE 330 JACKSONVILLE FL 32204 US	701 FISK ST SUITE 330	SUITE 330 Jacksonville FL 32204-3343			3. Date incorporated or Qualified 09/14/1995	3a. Date of L 02/15/19	ast Report
2. Princ pal Place of Business	2a. Mailing Ad	ldress			4. FEI Number 59-3337428	VEI 101 18	Applied For
Suite, Apt #, etc	26 Suite, Apt.	#, etc.			5, Certificate of Status Desired		Not Applicable 75 Additional
City & State	27 City & Stat	e		····	6. Election Campaign Financing		e Required .00 May Be
23	28				Trust Fund Contribution		ded to Fees
Zip Country	Ζφ	 	Country		8, This corporation has liability for in	ntangible tax uni Yes \[\] No	der s. 199.032,
24 25 Name and Address	29 s of Current Registered Agen	[30]			Florida Statutes 10. Name and Address of New Reg		
COLD, KATHLEEN H			81	Name	10.		
1 INDEPENDENT DR, SUITI	E 2301		82	Chant Add	CD C. Day Niverbox in Not Assessed		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JACKSONVILLE FL 32202			02	Street Add	ress (P.O. Box Number is Not Acceptab	e)	
			83				
			84	City		85	Zip Code
			.	0.11,		FL "	
	the shoot agent and Mr. Tappskable ICERS AND DIRECTORS	1	lered Age 3.	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	
NAME MORAN, AUDREY M STREELADDRESS 4229 ORTEGA PLACE CITY ST. 7;2 JACKSONVILLE FL 30	E	1	.2 NAME .3 STREET	ADDRESS			
THEE			1 TITLE	11-21		Ch	inge Additio
NAME		2	.2 NAMÉ				
STREET ADDRESS		2	3 STREE	ADDRESS			
CITY ST-ZP		2	4 CITY-	ST-ZIP			
TITLE		DELETÉ 3	1 TITLE			Ch	ange 🔲 Additio
NAME			2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-70F TITLE			.4. CITY- .1 TITLE	SI - ZIP		Сн	ange Additio
NAME	L		. 2 NAME			L., 011	go L., riddibe
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Tale			.1 TITLE			Ch	inge 🔲 Additio
NAME		5	.2 NAME				
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CITY- ST-ZIP			4 CITY-	ST-2IP		········	
TITLE		DELETE	S.) TITLE			☐ Ch	ange Additio
NAME		6	2 NAME				
STREE* ADDRESS		1		1			
OTHER ADDRESS			3 STREE	ADDRESS			

To a reverse centry that the information supposed war this imag loses not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicates 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 a rector 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 I changed, or on an attachment with an address.

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1-10-97 Audrey McKibbin Moran

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