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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087283 (4)

Principal Place of Business Mailing Address 6000 A SAWGRASS VILLAGE CIRCLE 6000 A SAWGRASS VILLAGE CIRCLE SUITE 12 PONTE VEORA BEACH FL 32082 PONTE VEORA BEACH FL 32082-5026					3. Date Incorporated or Qualified 3a. Date of Last Report			
		·			11/14/1995	1 04	/03/1996	
	Place of Business	2a. Mailing Address			4. FEI Number 59-3350380			oplied For
21 Suite Apt	# Cdr	Suite, Apt. #, etc.			38-3330300			ot Applicable
22	, b, co.	27			5. Certificate of Status Desire	ad 🔲		Additional equired
City & Star	rtc	City & State			6. Election Campaign Finance	ino		May Be
23		28			Trust Fund Contribution			to Fees
Zιρ	Country	Zip	Country		8. This corporation has liabili	ty for intangib	le tax under s	. 19 9.032,
24	25	29	30		Florida Statutes		□ No	
	9. Name and Address of Curren	nt Registered Agent		 	10. Name and Address of Ne	w Registered	d Agent	
RAX CO. 50 NORTH LAURA STREET 3400 BARNETT CENTER JACKSONVILLE FL 32202			82 83	Street Addi	dress (P.O. Box Number is Not Acceptable) A SINGRASS VILLAGE CIRCLE B5 Zip Code			
11. Pursuant	t to the provisions of Sections 607.050 registered accent, or both, in the State am familia, with, and accent the obliga	02 and 607,1508, Florida Statu	ites, the above	named corp	poration submits this statement for	r the purpose		
SIGNATURE	Signature, typed or profed name of registered age	ent and tile if applicable (NO	Nac Sa TE: Riegistered Agen	ed , el	red when reinstaling)	5/5/ DATE	797	
SIGNATURE	Signature, typed or profed name of registered age	ent and tille if applicable (NC	OTE Registered Agen	ed , el	MATEMAN, CEO	5/5/ DATE	D DIRECTO	RS IN 12
SIGNATURE 12.	Signature, type of Chanted name of registres age OFFICERS ANI	ent and tile if applicable (NO	TE: Registered Agen 13. 1.1 TITLE	ed , el	red when reinstaling)	5/5/ DATE	797	
SIGNATURE 12. THE NAME	Signature, type disciplanted name of registric 3 age OFFICERS AN D NELSON, GERRY C	err and till if applicative (NC ID DIRECTORS DELETE	DTE Registered Agen 13. 1.1 TITLE 1.2 NAME	al signature requi	red when reinstaling)	5/5/ DATE	D DIRECTO	RS IN 12
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SIGNATURE 12. THE NAME SHEEL ADDRESS, CITY-ST-ZIP HILE	D NELSON, GERRY C 6000 A SAWGRASS VILLAGE OF PUNKHOUSER, DONALD D 6321 PRESTONSHIRE LANE	on and tile if applicable (NO ID DIRECTORS DELETE CIR #12 D82	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 TITLE	ADDRESS	red when reinstaling)	5/5/ DATE	ND DIRECTOI Change	RS IN 12
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Lair 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

FILED

May 13 1997 8:00am

Secretary of State

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