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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095721 (3)

FILED Jan 27 1997 8:00am Secretary of State

Principal Plac	oe of Business	Mailing Ad	ldress	,	<u>-</u> -	****				
3840 CROWN POINT RD JACKSONVILLE FL 32257 3840 CROWN POINT RD JACKSONVILLE FL 32257				-8066						
	. =	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qualified	3a, Da	te of Last	Report
							12/19/1995	03/	04/1996	}
2. Principa f	Place of Business	2a. Mailing	Address				4. FEI Number			Applied For
ī		26					59-3348710		1	Vot Applicable
Suite, Apt. #, etc		H	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional
	ite A		te A							Required
_ City & Sta "າ	ate	City &	State				6. Election Campaign Financing			May Be
3	73	28	······································	7 0			Trust Fund Contribution			d to Fees
. Zip Л	Country	Zφ		Coun	ıtry		6. This corporation has liability for	intangible Yes		s. 199.032,
4	25 9. Name and Address of Cu	29 Irrent Registered A	nent	30			Florida Statutes 10. Name and Address of New Re			
9,54.1					81 N	lame			<u></u>	
	NOWLES, MARK A			ļ					·····	
3840 CROWN POINT RD				18	82 S	ireet Addre	ss (P.O. Box Number is Not Acceptable)			
JA	ICKSONVILLE FL 32257			18	B3					

				Į ē	84 C	City		Fi	85 Zij	o Code
11. Porsuani	at to the provisions of Sections 607	0502 and 607 1508	Florida Statu	tes, the abo	ove-na	amed corpo	oration submits this statement for the pon's board of directors. I hereby acce	purpose of	changing	its registered
SIGNATURE	Sign ein i typed or pointed morne or regulare.	colager flancitte if applicab	le (NO	IF Bunstard	Anonto	innature recuire				
	OLLOTHS	S AND DIRECTORS		13.	ngent si	grada pos	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	DRS IN 12
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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 if changed or on an altachment and address

Mark A Knowles Treesurer.

SIGNATURE:

Mark A. Knowles, Treasurer