SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000238 (1)

FILED Jul 18 1997 8:00am Secretary of State

Principal Plac	ELL AND SON, INC.	Mailing Addross						
,		Mailing Address						
8545 ALDERI JACKSONVIL		8545 ALDERWOOD CT. JACKSONVILLE FL 322						
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					3. Date Incorporated or Qualifie	ed 3a. Da	te of Last F	Report
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	lace of Business	2a. Mailing Address			4. FEI Number	· •1		pplied For
Suite, Apt.	# ata	Suite, Apt. #, etc.			59-335105	1		ot Applicable
22	w, 5tc.	27			5. Certificate of Status Desired			Additional equired
City & State	Δ	City & State			8 Floating Committee Financial			 _
13		28			6. Election Campaign Financing Trust Fund Contribution	, L		May Be to Fees
Zip	Country	Zip	Country	v	This corporation owes or has			
4	25	29	30	,	Personal Property Tax due Ji	· -		No No
	g, Name and Address of Curre			·	10. Name and Address of New			
CC	ONNELL, S. KATHRYN		81	Name				
	45 ALDERWOOD CT.		82	Stroot Add	dress (P.O. Box Number is Not Accep	viahle)		
	CKSONVILLE FL 32244		02	Subot Add	sices (c.o.) Dox Mountains not Accel	лаывј		
• • •			83					
			84	City			log l Zio	Codo
			64	City		FL	85 Zip	Code
					poration submits this statement for that alion's board of directors. I hereby ac		ointment as	registered
SIGNATURE	Signature, typod or printed name of registered ag	iont and title if applicable (NC	ITE: Registered Ag		alion's board of directors. I hereby ac uired when relissating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typod or printed name of registered ap OFFICERS AN	iont and title if applicable (NC	13.		uired when reinstating)	DATE		RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ap OFFICERS AN DST CONNELL, S. KATHRYN	iont and title if applicable (NC	11.1 TITLE 1.2 NAME	ent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
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14. I do hereby certify that the information supplied with this filling 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 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 chapted, or on an attachment with an address.

CHATURE OF STATISTICS OF THE STATISTICS

7/1/00