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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010323 (9)

J.E. SCHANG SERVICES, INC.

/****** · · · · · · · · · · · · · · · ·					
Principal Place	e of Business	Mailing Address			a sanninder ted santa antil antil antil antil antil inne antil sitte state
1340 NORTHWOOD ROAD JACKSONVILLE FL 32207			1340 NORTHWOOD ROAD JACKSONVILLE FL 32207-5328		
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1996 50 236/2/8
2. Principal Pl	ace of Business	2a. Mailing Address	<del>,</del>	***************************************	4. FEI Number Applied For
21		26			Not Applicable
Suite, Apt #	#, etc.	Suite, Apt. #, etc	1.		5. Certificate of Status Desired
City & State	3	City & State	***		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	ountry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes Yes No
		Current Registered Agent			10. Name and Address of New Registered Agent
	ang, James E			81 Name	<b>:</b>
1340 NORTHWOOD ROAD JACKSONVILLE FL 32207				82 Street	Address (P.O. Box Number is Not Acceptable)
, 07011	ODITALLE ( F OFFO)			83	
				84 City	85 Zip Code
				OT City	FL is 2 p code
- <b>11.</b> Pursuant t	to the provisions of Sections ( egistered agent, or both, in the	807.0502 and 607.1508, Florida 8 ne State of Florida, Such change wealthingtions of Section 607.057	statutes, the was authoriz	above-named zed by the co	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
-	m tamiliar with, and accept tr	Oction 1997 Per chomballing the	jo, Fjorida St	tatutes.	
SIGNATURE	m tamiliar with, and accept tr Signorine specifor printed name of regi				re required when reinstating) DATE
SIGNATURE	Signor ine lagar d'or printed name of regi			ered Agent signatu	
SIGNATURE	Signor ine lagar d'or printed name of regi	istered agent and title if applicable	(NOTE: Register	ered Agent signatu	re required when reinstating) DATE
SIGNATURE	Signal religier or printed name of reg OFFICE D SCHANG, JAMES E	estered agent and title if applicable ERS AND DIRECTORS	(NOTE: Reg ste 13	ered Agent signatu 3.	re required when reinstailing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signor recognished printed harve of reg OFFICE  D SCHANG, JAMES E 1340 NORTHWOOD RO	Islanes agent and bite if applicable  ERS AND DIRECTORS  DELET  AD	(NOTE: Register  13  15  1.1	ered Agent signatu 3. 1 TITLE	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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904-359-3954 Daytime Phone \$

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Feb 18 1997 8:00am

Secretary of State

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