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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048673

ORGANIZATIONAL RENEWAL ASSOCIATES, CORPORATION

•	e of Business	Mailing Address						
4110 SOUTHPOINT BOULEVARD		4110 SOUTHPOINT BOULEVARD						
SUITE 208		SUITE 298"				DO NOT WRITE IN THIS SPACE		
JACKSONVILLE FL 32216		JACKSONVILLE FL 32216				3. Date Incorporated or Qualifed		
						06/05/1996		
		A Malling Address				4. FEI Number		App ied For
─ , `	lace of Business	2a. Mailing Address				59-3395314	→	Not Applicable
21		26 Suite Ant # sto				39-3393314		Additional
Suite, Apt.	#, etc. 0 00	Suite, Apt. #, etc. ## 20	9			5. Certificate of Status Desired	•	Required
22 7/ 3	209	City & State				a Flation Committee Financian		
City & Sat	8	⊢ , ′				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
23	Country	Zip	Col	untry		8. This corporation owes the current year		3 10 1 505
Zip			30	,		Personal Property Tax.	Yes	[]No
24	9. Name and Add ess of Current	29 Pagistared Agent	[30]			10. Name and Address of New Registere		
	9. Name and Add ess of Current	Registered Agent		81 N	lame	10. Hamo and Hadroso or How Hogistics		
MOO	ORMICK, BRUCE A							
	SOUTHPOINT BLVD., STE. 203			82 S	treet Add	Address (P.O. Box Number is Not Acceptable) 10 SOUTH POINT TOWD, STE 209		119
	KSONVILLE FL 32216			83	7//0	SOUTHYOTH ISMO, D	12 V	
gA0i	CONTRICE I E GEZ IO			65		,		
				84 C	ity	F	85 Zi	p Code
				<u> </u>				ita sacietored
11. Pursuant office crr	to the provisions of S∈ctions 607.0502 registered agent, or bo h, in the State of im familiar with_and accept the obligati	and 607.1508, Florida Statu Florida. Such change was ; ons of Section 607.0505, €	ies, ine a authorize orida Sta	above-na ed by the itutes.	corpora t	poration submils this statement for the purpose tion's board of cirectors. I hereby accept the appropriate the purpose to be a property of the purpose to be a	ointment as	reg stered
SIGNATURE	Court M	(Smelle	/			4/19	'/99	'
SIGNATURE	Signature, typed or printed naine of registered agent	and title if applicable. NOT	Registere	d Agent sign	nature reguir	red when reinstating) DATE	•	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AND		13.				Chang	e Addition
	P MCCORMICK, BRUCE A	DIRECTORS DELETE	13.				Chang	e Addition
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14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0; (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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90165 005 ***150.00