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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000070913 (4)

FILED Apr 02 1997 8:00am Secretary of State

Principal Place	AS BLVD	M π	Mailing Address CO ANASTASIAS BLYD					
ST AUGUSTINE	E PL 32084	S	T AUGUSTINE FL 32064	-4616		Date Incorporated or Qualified 08/23/1996	3a. Date of Last I	Report
	hace of Business	 γ	, Mailing Address			4. FEI Number	F+-	pplied For
Suite, Apt	#. etc	26	Suite, Apt. #, etc.			59-3402384	<u> </u>	lot Applicable Additional
22		27				5. Certificate of Status Desired	1 4 4	Required
City & State	U		City & State			6. Election Campaign Financing	\$5.00	May Be
23		[28]		Count	*****	Trust Fund Contribution		to Fees
24	Ζίρ (Country 25)		7 Country 29 30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No			
	9. Name and Addre		stered Agent	1301		10. Name and Address of New Reg		
CAR	RTER, EUGENE H			8	Name			
	HERON'S NEST LN			8	32 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
ST /	AUGUSTINE FL 32084	4						····
				E	33			
	`			8	34 City	#1	FL 85 Zip	Code
11 Pursuant	in the provisions of Sect	ions 607 0502 and I	607 1508 Florida Statu	ites the arv	nve-named cor	poration submits this statement for the pu	irpose of changing	its registered
agent La SIGNATURE	in tauthar with and acc	ept the obligations of	of, Section 607.0505, F	lorida Statui	tes.	ation's board of directors. I hereby accept	DATE	
12.		FFICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TELE	PRESIDENT		DELETE	1.1 TOL	E		Change	Addition
1		ARTER.		1.2 NAM	4E.			
NAME	EUGENE H.C							
STREET ADDRESS	EUGENE H.C 103 HERONS A	EST LANE		- 6	EET ADDRESS			
STREET ADDRESS OUV ST. ZP	EUGENE H.C 103 HERONS A ST. AUGUST !	NE FL 32		1.4 CiTY	r-St-ZIP	THE STATE OF THE S	Change	Addition
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i. For revery certify that the information supplied with this timing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. 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 far an officiar 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.

SIGNATURE

MATURE AND TYPED ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR

904-824-2440

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