FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State SEC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 HAR 13 PM 2: 42

Daytone Filona #

Principal Place of Business 6295 POWERS AVENUE JACKSONVILLE FL 32217		Mailing Address 6299-5 POWERS AVENUE JACKSONVILLE FL 32217-2268			******				
•						3. Date Incorporated or Qualified 09/25/1996	3a. D.	ate of Last R	teport
2. Principal P	ace of Business	2a. Mailing Address	3			4. FEI Number		AI	oplied For
Suite Apt.	h . A.	26							ot Applicable
20116 7411.	# CH.	Suite, Apt. #, etc	J.			5. Certificate of Status Desired			Additional equired
City & State	3	City & State				6. Election Campaign Financing			May Be
3	·	28				Trust Fund Contribution			to Fees
Ζφ [2]	Country	Zip 	Count	ry		8. This corporation has liability for	rintangible	tax under s	. 199.032,
4	25 9. Name and Address of Currer	29 nt Registered Agent	30			Florida Statutes 10. Name and Address of New R	Yes generated		
FA	LLGATTER & BOND, P.A.		8	1 Nam	e				
	1 West Forsyth Street #90	00	8:	2 Stree	et Addre	ess (P.O. Box Number is Not Accepta	ıble)		
JA	CKSONVILLE FL 32202			<u> </u>					
			8:	3					
•			8-	4 City			FL	85 Zip	Code
11. Persuant	to the provisions of Sections 607.050	02 and 607.1508, Florida 9	Statutes, the abo	ve-name	d corpo	pration submits this statement for the	purpose o	l L f changing if	s registered
adhera ar a	edistered agent, or both, in the State	oof Horida, Such change,	and the second s						registered
agent La	m lamicar with, and accept the oblid	alions of Section 607.050	was aumonzeo t 15. Florida Statut	by the co	orporation	on's board of directors. I hereby acce	ept the app	iointment as	rugiatorea
	m lamicar with, and accept the oblig	galions of, Section 607.050	was authorized t 05, Florida Statute	by the coes.	orporatio	oration submits this statement for the on's board of directors. I hereby acce	ept the app	ointment as	rugialorea
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SIGNATURE	Bly of section 1 operates have of respire to deep	por and the frapplicable ID DIRECTORS	(NOTE Registered A	gent signar			DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Styrotice type to practical name of regions of agr	por acult the if applicable	(NOTE Registered A 13.	gent signa:		d when reinstating)	DATE		RS IN 12
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