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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 1830 CORTEZ ROAD JACKSONVILLE FL 32216 POOUDO 4980 Mailing Address 1830 CORTEZ ROAD JACKSONVILLE FL 32216					
				3. Date Incorporated or Qualified 10/15/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied f
21		26		59 3405317	Not Appli
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition
City & State	a	City & State		C Flagtion Community Financing	Fee Required
3		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30	Florida Statutes	Yes No
114	9. Name and Address of Currer	nt Registered Agent	81 1 Name	10. Name and Address of New Re	egistered Agent
HARROLD, HOWARD C 1630 CORTEZ ROAD			81 Name		
	CKSONVILLE FL 32216		82 Street Add	lress (P.O. Box Number is Not Acceptal	ble)
Ų/N	VINDUITIELL IL VELIU		83		
					
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.050 goistered agent, or both, in the State m familiar with, and accept the obligation of the policy state.		ules, the above-named cors authorized by the corpora Florida Statules.	poration submits this statement for the patients board of directors. I hereby accelling when reinstating)	
SIGNATURE	Signature, typod or printed name of registered ago OFF ICERS ANI PSTD	ont and title if applicable (N			purpose of changing its registent the appointment as registent parts
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of registered ago OFF ICERS ANI PSTD HARROLD, HOWARD C	ont and title if applicable (N D DIRECTORS	OTF: Registered Agent signature requ	ired when reinstating)	purpose of changing its regis pt the appointment as registe DATE CERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 16 1997 8:00am

Secretary of State