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

Mailing Address

10861 JOLYNN RD.

JACKSONMILLE FL 32225-6799

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

JACKSONVILLE FL 32225

10681 JOLYNN RD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085979 (8)

KALTENBACH & WEIL. INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 21 Not Applicable Suite, Apt. #, etc. Succ. Aut. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Zm Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33311-4132 83 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. have stool typed or product name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE TILLE 11 TITLE KALTENBACH, PHOEBE 1.2 NAME 10661 JOLYNN RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE THEF WEIL, ROBERT K NAME 2.2 NAME 10661 JOLYNN RD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32225 2. 4 CITY-ST-ZIP C.1Y - S1 - ZIP DELETE Change Addition 31 TITLE 3.2 NAME NAM 3.3 STREET ADORESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. Too 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 compration of

3.4. CITY - ST- ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST-2IP

6.3 STREET ADORESS

4.4 CiTY-ST-ZIP

4.1 TITLE 4. 2 NAME

\$1 TITLE

52 NAME

6.1 TITLE

DELETE

DELETE

DELETE

CITY - S.F - 7(2)

STREET ADDRESS

CITY ST ZI-

CITY - \$1 - 749

STREET ADDRESS

TILF

111:1

NAME STREET ADDRESS

THEE

-3-97, 904-646-1181

Change

Change

Change

___ Addition

Addition

Addition

FILED

Apr 17 1997 8:00am

Secretary of State