

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055384 (6)

1. Corporation Name
CORP AMERICA OF NORTH FLORIDA, INC.

Principal Place of Business 1817 BAYSIDE BLVD. JACKSONVILLE FL 32259	Mailing Address 1817 BAYSIDE BLVD. JACKSONVILLE FL 32259
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4940-3 Emerson St. 22 Suite, Apt. #, etc. 23 Jacksonville FL 24 32259 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Jacksonville FL 28 32259 Country USA	3. Date Incorporated or Qualified 06/24/1997	4. FEI Number 59-3436702	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DURDEN, CYNTHIA W 1817 BAYSIDE BLVD. JACKSONVILLE FL 32259	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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.

SIGNATURE *Cynthia W Durden, Pres.* DATE 1-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DURDEN, CYNTHIA W 4940-3 EMERSON STREET JACKSONVILLE FL 32207	1.1 TITLE	BERNADETTE IVILAND V.P.
NAME	PROV. TREAS.	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4940-3 EMERSON STREET
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DURDEN, GEORGE S	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Cynthia W Durden* 1-8-98 904-399-8885

CR2034 (10/97)