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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$24368

(0)

Principal Place of Business Mailing Address  350 ELDRIDGE AVENUE SUITE 5 ORANGE PARK FL 32073 ORANGE PARK FL 32073							
					3. Date Incorporated or Qualified 01/10/1991	3a. Date of Last Re 04/15/1996	
<b>2.</b> Principal Pi <b>21</b>	ace of Business	2a. Mailing Address		•	4. FEI Number 59-3045206	<del>   </del>	plied For
Suite, Apt. #, etc		Surte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
22		[27]				Fee Re	····
City & State	,	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Countr	y	8. This corporation has liability for it		
24	25		30]		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Cur	rent Registered Agent	8	Name	10. Name and Address of New Re	gistered Agent	
	I, ROBERT		[	Name			
SUIT	ÉLDRIDGE AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	NGE PARK FL 32073		6:			, ,,,,, ·******************************	
0.44	102 174111 14 05010		B4	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	er 7io (	Code
				City		FL 85 Zip C	2006
SIGNATURE	Signature typed or probed name of registered	agent and tife of hyphosphile (NOTE AND DIRECTORS			tion's board of directors. I hereby acception's board of directors. I hereby acception's board of directors.  ADDITIONS/CHANGES TO OFFICE.	DATE CERS AND DIRECTOR	RS IN 12
THILE	P	DELETE	1.1 1111.8			☐ Change	Addition
NAME	CHIN, ROBERT 369 OLD FIELD DR		1.2 NAM6	1			
STREET ADORESS	ORANGE PARK FL		1.3 STREI	T ADDRESS			
CITY - ST - ZIP TITLE	OWNIGE I FUNT I C	☐ DELE1E	2.1 TITLE	31-21	7777799999	Change	Addition
NAME			2.2 NAME	.			
STREET ADDRESS			2.3 STRE	T ADDRESS			
City - S* - 7IP	Doug		2 4 CITY	-ST-ZIP		T 10:	F
TITLE		L_] DELETE	3.1 TITLE			L Change	Addition
NAME PERCEX ADDRESS S			3.2 NAME			•	
STREET ADDRESS CITY+S1+ZIP			3.4 CITY	T ADDRESS			
TITLE		DELETE	4.1 TITLE	V. EII		☐ Change	Addition
NAME			4. 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - S1 - 20P			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			52 NAME	ł			
STREET ADDRESS			1	ET ADDRESS			
CITY - ST - 7.F		☐ DELETÉ	5.4 CITY 6.1 TITLE			Change	Addition
NAME			6.2 NAM				_
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIF			6.4 CITY				
14. I do herel	by certify that the information supply understood on this applied to the	olied with this filing does not qualify	for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
l am an ol appears ii	flicer or director of the corporation in Block 12 or Block 13 if changed	or supplementar annual report is the in or the receiver or trustee empower or on an attachment with an addr	ered to exercises.	cute this repo	t my signature shall hâve the same lega rt as required by Chapter 607, Florida S	tatutes; and that my n	name

Robert Chin