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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principat Place of Business

SUITE 2800

50 N LAURA STREET SUITE 2800

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JACKSONVILLE FL 32202

Suite. Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **\$25206**

Country

9. Name and Address of Current Registered Agent

25

JACKSONVILLE FL 32202-0650

GLASHEEN, CHARLES R. 50 N LAURA STREET (1)

JACKSONVILLE FL 32202-3656

Mailing Address

50 N LAURA STREET

2a. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 2800

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CHARLES R. GLASHEEN, P.A.

Secretar		7 8:00am of State
		Date of Last Report
01/14/1991		Date of Last Report /14/1996 Applied For
01/14/1991		/14/1996
01/14/1991 FEI Number 59-3048560		/14/1996 Applied For
01/14/1991 FEI Number 59-3048560 Certificate of Status Desired		/14/1996 Applied For Not Applicable \$8.75 Additional
FEI Number 59-3048560 Certificate of Status Desired Election Campaign Financing	05	/14/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be / Added to Fees

B5

Zip Code

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 are furniliar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, tyle-for product manner of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

DATE

Country

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84 City

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SIGNATURE Styrming, type-discription for registered agent and tale if applicable (NOTE Registered Agent signature required when reinstating) DATE ONTE							
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THE	DP	DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	GLASHEEN, CHARLES R.		1.2 NAME				
STREET ADDRESS	50 N LAURA ST, ST. 2800		13 STREET ADDRESS				
CHY+S1-7#	JACKSONVILLE FL 32202		: 1.4 CITY-ST-ZIP				
THE	ST	☐ DELETE	2.1 TITLE	Change Addition			
NAME	GLASHEEN, CHARLES R.		2.2 NAME				
STREET ADDICESS	50 N LAURA ST, ST 2800		2.3 STREET ADDRESS				
011Y+S1_200	JACKSONVILLE FL 32202		2. 4 CITY - ST - ZIP				
1.111		DELETE	, 3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
COTY SU-ZIP			3.4 CITY-ST-ZIP				
11'11		☐ DELETE	4.1 TITLE	Change Addition			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHY SI 70			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
\$1REFF ADDISONS			5.3 STREET ADDRESS				
City - St - ZiP			5.4 CITY - ST- ZIP				
11116		DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHY- \$1 - 20°			6.4 CITY - ST - ZIP				

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam an officer or timeter 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 chapted, or on an attachment with an address.

SIGNATURE:

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Street Address (P.O. Box Number is Not Acceptable)

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