

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55402** (9)
1. Corporation Name
THE LOOP OPERATIONS, INC.

Principal Place of Business
**ONE SAN JOSE PLACE, STE. 3
JACKSONVILLE FL 32257**

Mailing Address
**ONE SAN JOSE PLACE, STE. 3
JACKSONVILLE FL 32257-7579**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1991		3a. Date of Last Report 04/16/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3067472		Applied For Not Applicable	
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SCHNEIDER, GEORGE M. & TERRY R. SCHNEIDER ONE SAN JOSE PLACE STE. 3 JACKSONVILLE FL 32257				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 FL			

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

Signature of officer or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, GEORGE M.			1.2 NAME			
STREET ADDRESS	13530 MANDARIN RD			1.3 STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL			1.4 CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, TERRY R.			2.2 NAME			
STREET ADDRESS	13530 MANDARIN RD			2.3 STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL			2.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY- ST- ZIP				3.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY- ST- ZIP				4.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY- ST- ZIP				5.4 CITY- ST- ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY- ST- ZIP				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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97

Date

904-268-2609

Daytime Phone #

0041171

CR2E034 (9/96)