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

PROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  Principal Place of Business  Mailing Address  Post Office Box 8555  JACKSONVILLE FL 32246  US  POST OFFICE BOX 8555  JACKSONVILLE FL 32239-0555  US					3. Date Incorporated or Qualified 3a. Date of Last Report			
					06/12/1991	1	24/1996	
<b></b>	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For
Suite, Apl.	#. etc.	Suite. Apt. #, etc.			\$9.75 Addit			ot Applicable
22		27			5. Certificate of Status Desired	Fee Required		
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Country 30	y	8. This corporation has liability for Florida Statutes		tax under s No	. 199.032,
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Ro	gistered	Agent	
	NCHEZ, LARRY 29 TOWNSEND BLVD				Strect Address (P.O. Box Number is Not Acceptable)			
	(FL 32217		82	Street Add				
55			83			·····		
			84	City		FL	<b>85</b> Zip	Code
office of agent. I a	to the provisions of Sections 607.055 registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or profiled name of registered agents.				poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the app	changing i oinIment as	ts registered registered
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE NAME	PC SANCHEZ, LARRY	☐ DELETE	1.1 TITLE 1.2 NAME				Change	Addition
STREET ADDRESS	2929 TOWNSEND BLVD.			ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 C/JY- 3					
TITLE	VST	☑ DELETE	2 1 TITLE				Change	Addition
NAME STREET ADDRESS	SPINDA, JOHN 522 CRUISER LANE		2.2 NAME	LIDDDECO				
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2 3 STREE 2. 4 CHY-					
TITLE	T	DELETE	3 1 TITLE	~			Change	Addition
NAME	SANCHEZ, LARRY JR.		3.2 NAME	}				
STREET ADDRESS	899 DUSKIN DR.		3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32216	DELETE	3.4. CI*Y - 4.1 TITLE	51-ZIP			☐ Change	Addition
NAME	FRAME, ERIC		4. 2 NAME					
STREET ADDRESS	899 DUSKIN DR.		4 3 STREE	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32216	T NUCK	4.4 CITY- 5	ST - ZIP		<del></del>		
TITLE NAME		☐ DELĒTE	5.1 TITLE 5.2 NAME				Change	Addinor
STREET ADDRESS			5.3 STREET	ADDRESS				,
C(TY-ST-ZIP			5.4 GHY - 9					,
TITLE		DELETE	61 Trijf				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ì				
City-St-ziP	by certify that the information supplier	d with this bling doos not quali	6 4 CITY- S	T-7IP	d in Section 119.07(3)(i), Florida Statute	o I further	mortify that	Ab c

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that lam 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

**FILED** 

Apr 30 1997 8:00am

Secretary of State