FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$74406

(7)

1. Corporation N	R PROPERTIES, INC.	(.,					
Principal Place of Business Mailing Address					I IABINALA IN MANTI ANTIL ANTI	III AIK BIBI BIBI DIBI I DIBII D	.W19 (1818 11818 1181
136 E BAY ST JACKSONVILLE FL 32202-3415		136 E BAY ST JACKSONVILLE FL 32202-3415					
					3. Date Incorporated or Qualified 08/16/1991	3a. Date of Last R 02/10/	1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
P. O. Box 551069 State, Apt. #. etc.		26 P. O. Box 551069 Suite, Apil. #, etc.		59-3121127	Not Applicable \$8.75 Additional		
Stitle, April #, etc		27		5. Certificate of Status Desired Fee Required			
City & State		City & State Jacksonville,			6. Election Campaign Financing \$5.00 May Re		
Jacksonville,FL		[28] FL		Trust Fund Contribution		d to Fees	
Zip Country		Ζφ.	Country		8. This corporation has liability for i		
4 32255-	-1069 ₂₅ Duval	·	30	Duval	Florida Statutes Yes 10, Name and Address of New R		
	9. Name and Address of Currer	it Registered Agent		81 Name	10, Maille and Address of New Y	agistered Agent	
COORE	O WILLIAM C						
	r, William G. Day 6t -		82 Street Addre		ess (P.O. Box Number is Not Acceptab 00 Southpoint Dri	ive N #5	00
	ONVILLE FL 82202		83		oo boatiiporiit pr.	LYC N. HJ	
-UAUNUC	SHAILER I F OFFOE						
				84 City	cksonville		ip Code 32216
or registered familiar with, SIGNATURE	Lagent, or both, in the State of Flori and accept the obligations of, Sect	da. Such change was authorize tion 607.0505, Florida Statutes.	d by th	e corporation's board	ation submits this statement for the pur d of directors. I hereby accept the appr	ointment as registere	registered office ms I .tnegs b
	pratine types or printed name of registered ages.			ered Agent signature required	when reinstating! ADDITIONS/CHANGES TO OFF	DATE	ODS IN 12
12. Till(f	DVP	D DIRECTORS DELETE		3. 1 TITLE	ADDITIONS/CHANGES TO OIT	Change	
NAMÉ	COKER, HOWARD C.			2 NAME		<u></u>	
STREET ADORESS	136 E BAY ST		ı	3 STREET ADDRESS			
City - St - Zif-	JACKSONVILLE FL			4 CITY - S1 - ZIP			
THE	PDSD	DELETE		1 TITLE		☐ Change	Addition
NAME	COOPER, WILLIAM G.		2	2 NAME	·		
STREET ADDRESS	136 EAST BAY STREET		2	3 STREET ADDRESS			
011Y - \$1 - ZIP	JACKSONVILLE FL		2	4 CITY-ST-ZIP			
TPLF	DVP	DELETE	3	1 THILE		☐ Change	Addition
NAME :	COLEMAN, H. DUDLEY			2 NAME			
STREET ADDRESS	6817 NORWOOD AVE			.3 STREET ADDRESS			
CHY ST ZIF	JACKSONVILLE FL	DELETE		4 C(TY - ST - ZIP . 1 TITLE		☐ Change	Addition
30125		רַ טַ טַּנְנָיוֹנָ		2 NAME		- Charge	L Addition
NAME DANGLE ADDROGUE				3 STREET ADDRESS			٠
STREET ADDRESS GITY-ST-7IP				4 CITY-ST-ZIP			
lifet		DELETE		1 TITLE		Change	Addition
NAME		Prof		.2 NAME			
STREET ALEIPESS				3 STREET ADDRESS			
City-S1-20				i.4 CITY - ST - ZIP			
,III's		☐ DELEJÉ	6	1 TITLE		Change	Addition
N/AME			1 6	5.2 NAME			
STREET ADDRESS			6	3 STREET ADDRESS	*		
CITY ST ZIP				4 CITY-ST-ZIP		AZIONE SECTION S	# 1 & da
cortify that f oath; that f	cently that the information supplied the information indicated on this and and an officer or director of the corp Block 12 or Block 16 if changes.	nual epivit in supplemental anni ioration ur the rycever or Luster	ual repo e empo	inia does not quality to ort is true and accura owered to execute this	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, F	e same legal effect as lorida Statutes; and t	if made under hat my name

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

18/96 (904)

(904) 296-6901