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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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Principal Place	of Busines	s	Mailing Ad	dress						
4517-2 APPLETON AVE. JACKSONVILLE FL 32210 US			1728 (EDGEWOOD AY SONVILLE FL 3						-
							3. Date Incorporated 01/10/198		3a. Date of Last 05/01	
2. Principal Pl	Principal Place of Business			28. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEt Number 59-3120	1909		Applied For
Suite, Apt. #, etc. City & State										Not Applicable 5 Additional
								5. Certificate of Status Desired		Pagaitional Bequired
23	;		28 City & S	State			6. Election Campaig			00 May Be
Zip		Country	Zıp		Countr	~	Trust Fund Contri 8. This corporation h		Add	ied to Fees
24	2 85	25	29		30		Florida Statutes	nas liability for in Yes	itangible tax under No	s 199.032,
	9. Name	and Address of Cu	rrent Registered Ag	gent		.1	10. Name and Addr	ess of New Ro	egistered Agent	
RORE	RTS, RICH	IARD F			81	Name				
		OOD AVENUE			82	Street Ad	ddress (P.O. Box Number is	Not Acceptable	e)	
JACK	SONVILLE	FL 32205			83	3				- 1
					84	1 03				
44 5					I .	1				Zip Code
The Mulanuari	D the provisi					1				
or registere	ed agent, or	both, in the State of F	9502 and 607,1508, F Torida. Such change	lorida Statutes was authorized	the above	named corp	poration submits this statement	ent for the purp	ose of changing its	registered office
or registere familiar wit	ed agent, or h, and acce	both, in the State of F pt the obligations of, S	2502 and 607,1508, F Torida. Such change Section 607.0505, Flo	lorida Statutes was authorized rida Statutes.	the above by the con	named corp poration's bo	ooration submits this stateme oard of directors. I hereby ac	ent for the purp coept the appoi	ose of changing its intment as registere	registered office d agent. I am
SIGNATURE _							poration submits this statement oard of directors. I hereby ac	ent for the purp coept the appoi		registered office d agent. I am
12.	Signature, typed	or printed name of registered a					rired when reinstating)		DATE	
12.	Signature, typed	or printed name of registered a OFFICERS	agent and title if applicable. AND DIRECTORS		: Registered Age		rired when reinstating)			ORS IN 12
12. Tifle	Signature, typed DP ROBE	or printed name of registered a OFFICERS RTS, RICHARD F	agent and title if applicable. AND DIRECTORS	(NOTE	Rogistered Age		rired when reinstating)		DATE CERS AND DIRECT	ORS IN 12
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SIGNING OFFICER OR DIRECTOR