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



Sandra B. Mortham

FILED Apr 24 1997 8:00am Secretary of State

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PRO CORPO ANNUAL 19	RATION REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 24 1997 8:00an Secretary of State	
Principal Place of E 4504 SUNDERLAND JACKSONVILLE FL S	RE-SCHOOL HOUSE, I	• •			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of	of Business	2a. Mailing Address	····	03/18/1992 4. FEI Number	04/23/1996 Applied For
21		26		59-3112749	Not Applicable
Suite, Apt. #, etc).	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7ip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
11. Pursuant to the office or registe agent. I am fan	provisions of Sections 607.09 ared agent, or both, in the Sta niliar with, and accept the obli	i02 and 607.1508. Florida Statut to of Florida Such change was a gations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing its registered
Signat 12.	ure, typed or printed name of registered a OFFICERS A	ngent and tille Cappocable (NOT ND DIRLCTORS	: Registered Agent signature requ	ired when reinsta; ng) ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTORS IN 12
TITLE D	OTTICETION	DELETE	1.1 TITLE	7,00111010,0111111010101011	Change Addition
STREET ADDRESS 47	SH, SUSAN K. 15 QUEEN LANE		1.2 NAME 1.3 STREET ADDRESS		
TITLE VP NAME BU	CKSONVILLE FL 32210 SH, TIMOTHY W. 15 QUEEN LANE	☐ DELETE	1.4 City-S1-ZiP 2.1 Tale 2.2 Name 2.3 Street Address		☐ Change ☐ Addilio
0.00 mm = 1.01					
TITLE NAME STREET ADDRESS	CKSONVILLE FL 32210	☐ DELETE	2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addrlic
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Adddi
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREEL ADDRESS 3.4. CHY-S1-ZIP 4.1 TITLE 4.2 NAME		

To be leavy certary that the information supplied with this iming does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further certify that the information indicated 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 eath; 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.

914.789. 1121 4/19/02