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

**PROFIT** CORPORATION ANNUAL REPORT



## Sandra B. Mortham

Secretary of State

	•	1997	1.18		DIVISION OF	CORPORATIONS			Secre	itai	y 0	1 2	ιa	le	
			# M877		(2)	***	,								
Prii	ncipal Place	e of Busines	;s	Maile	ng Address		., ., <sub></sub>		-  }						
RT 1. BOX 528				RT 1. BOX 528											
ВН	CEVILLE FL	. 32009		BRIC	EVILLE FL 32009										
									3. Date Inco	orporated or Qu	alified	3a, Dat	e of Las <b>9/199</b> 6		ort
2.	Principal Pl	ace of Busi	ness	2a. N	falling Address			······································	4. FEI Numi			100/2		Applie	ed For
21				26					59-29	28559				Not A	pplicable
Suite, Apt. #, etc.				<b>-</b>	Suite, Apt. #, etc.				5. Certificat	e of Status Desi	red	X.	\$8.7	5 Add Regul	
	City & State	······································			ity & State	·····			6. Election (	Campaign Finan	ncing			)O Ma	
23				28					Trust Fun	d Contribution	····		Adde	ed to F	ees
24	Zip					30 Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes   ✓ Yes						
24		9, Name	and Address of C		red Agent	1301				nd Address of I					
	CLA	NCE, WAY	NE D.				<b>81</b> N	ame							
6353 ARGYLE FOREST BLVD.								treet Addr	ess (P.O. Box N	lumber is Not A	cceptabl	e)			
ļ	JACH	KSONVILLI	E FL 32244			}	83								
						L							<del>.,,</del>		
								ity				FL	85 Z	ip Coc	e I
11.	Pursuant t	o the provis	sions of Sections 60 gent, or both, in the ith, and accept the	07.0502 and 607	.1508, Florida Statu	ites, the ab	ove-na	med corp	oration submits	this statement f	or the pu	urpose of o	changing	g its re	gistered
ļ	agent Lar	m tamiliar w	ith, and accept the	obligations of, §	Section 607.0505, F	lorida Stati	utes.	o corporar	ion a board of d	nociola, i fiores	yaccop	t tile appo	1110110111	as iog	i
SIC	SNATURE.	Slonature, types	d or printed name of registe	ered agent and title if a	policable (NC	TE: Registered	Apent si	nature requir	ed when reinstating)		<del></del>	DATE			
12.				S AND DIRECT		13.				S/CHANGES TO	) OFFICE	ERS AND	DIRECT	ORS I	N 12
Itt	i	D			☐ DELETE	1.1 TU	LE	Ţ					Chang	je [	Addition
NAM	16	ETHRIDG				1.2 NA	ME	1							
STR	EET ADDRESS	RT #1 B				1.3 STI	REET ADD	ress							
·	i - \$1 - ZIP	BRYCEV	LLE FL		DELETE		Y-ST-21	P	······	····			- Chan-		Addition
IIIi					L DECEIE	2.1 TIT		ļ				L.	Chang	, с	AUGINION :
MAN	R: EET ADDRESS					2.2 NA	me Reet add	aree							
[	-\$1-7iP						TY-ST-Z	l l							
7171					☐ DELETE	3.1 TIT		<u>"</u>					Chang	je [	Addition
NAN	1E )					3.2 NA	ME	ļ							
SIR	EET ADORESS					3.3 STI	REET ADD	RESS							
CITY	- \$1 - <i>2</i> (P					3 4. CI	TY-ST-Z	IP							
וויד	F				☐ DELETE	4.1 TIT	LE					l	Chang	je [	Addition
NAN						4.2 N/									
l	EET ADORESS						REET ADD								
CITY	1-\$1-71P				☐ DELETE	4.4 CIT 5.1 TIT	Y-ST-ZI	<del>-  </del>				·	Chang	1e T	Addition
NAA					- DECENT	5.1 III		1				•		· L	
l	FET ADDRESS						REET ADD	RESS							
l	- ST- ZIP						Y - ST - ZI								
TITL					DELETE	6.1 T)T							Chang	je [	Addition
NAM	16					6.2 NA	ME	ĺ							İ
STR	SET ADORESS					63 ST	REET ADD	RESS							

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 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 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.

6 4 CITY- ST- ZIP

CITY-ST-ZIP



**FILED** 

May 23 1997 8:00am