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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 6

600436

(0)

DRS. BARRACK & LIANE, P.A.

FILED Apr 30 1998 8:00am Secretary of State



|                               |  | · · · · · · · · · · · · · · · · · · ·                               |  |       |              |   |
|-------------------------------|--|---|--|-------|--------------|---|
| Principal Place               | of Business  | Mailing Address   |  |       |              | 1 100110 21111 20111 20111 20112 11112 11111 21111 21211 21211 21211 21211 21211                        |
| 100 W. BAY S                  | 100 W. BAY ST.   |   |  |       |              |   |
| JACKSONVILLI                  | FL 32202   | JACKSONVILLE FL 322   | JACKSONVILLE FL 32202  |       |              | DO NOT WRITE IN THIS SPACE  |
|                               |  |   |  |       |              | 3. Date Incorporated or Qualified   |
| •                             |  |   |  |       |              | 08/29/1968  |
| 2. Principal Pla              | ace of Business  | 2a. Mailing Address   |  |       |              | 4. FEI Number Applied For   |
| 21                            |  | - <del></del>   | 26   |       |              | <b>59-1218385</b> Not Applicable  |
| Suite, Apt. #, etc.           |  | Suite, Apt #, etc.  | <del>+</del>   |       |              | S8 75 Additional  |
| 22                            |  | 27  | 27   |       |              | 5. Certificate of Status Desired Fee Required   |
| City & State                  |  | City & State  | City & State   |       |              | B. Election Campaign Financing \$5.00 May Be  |
| 23                            |  | 28  |  |       |              | Trust Fund Contribution Added to Fees   |
| Zip                           | Country  | Zip   | Cour   | ntry  |              | R. This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. |
| 24                            | 25<br>g. Name and Address of Curro   | 29  | 30   |       |              | Personal Property Tax due June 30. LL Yes LJ No 10. Name and Address of New Registered Agent            |
| 1144                          |  | ant neglistered Agent   |  | 81    | Name         |   |
|                               | ne, peter d.<br>West bay street  |   |  |       |              |   |
|                               | K <b>\$ONVILLE FL</b> 32202  |   |  | 82    | Street #     | et Address (P.O. Box Number is Not Acceptable)  |
| JAC                           | NOUTHLE PL 32202   |   | ļ  | 83    |              |   |
|                               |  |   |  |       |              |   |
|                               |  |   | !  | 84    | City         | FL 85 Zip Code  |
| 11 Pursuani t                 | o the provisions of Sections 607.09  | 502 and 607.1508, Florida Stat                                      | utes, the ab   | ove   | -named       | and corporation submits this statement for the purpose of changing its registered                       |
| office or re                  | ngistered agent, or both, in the Sta   | ite of Horida. Such change was                                      | s authorized   | vd t  | / the corp   | orporation's board of directors. I hereby accept the appointment as registered                          |
| _                             | in lamiliar with, and accept the one   | gritions of, acction 607.0000, i                                    | TIOTICIE GIUN  | 0.03  |              |   |
| SIGNATURE .                   | Signature, typed or pointed name of registered a                                     | agent and little if applicable. (N                                  | OTE Registered   | Age   | nt signature | ure required when reinstating) DATE   |
| 12.                           |  | ND DIRECTORS  | 13.  |       |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE                         | PTSD   | DELETE  | 1.1 1(1  | LE    |              | Change Addition   |
| NAME                          | LIANE,PETER D., O.D.   |   | 1.2 NA   | ME    |              |   |
| STREET ADDRESS                | 100 W. BAY ST.   |   | 1.3 ST   | HEET  | ADDRESS      | s   |
| CITY-ST-ZIP                   | JACKSONVILLE FL 32202  |   | 1.4 CD   | TY-SI | T~ZIP        |   |
| TITLE                         | VO   | ☐ DELETE  | 2 1 TIT  | LE    | ļ            | Li Change Li Addition   |
| NAME                          | BARRACK, EARLE S. OD   |   | 2.2 NA   | ME    |              |   |
| STREET ADORESS                | 100 W. BAY ST.   |   | 2.3 ST   | REET  | ADDRESS      | S .   |
| CITY-ST-ZIP                   | JACKSONVILLE FL 32202  |   |  |       | ST - ZiP     | Observe Tables  |
| TITLE                         |  | ☐ DELETE  |  |       | ļ            | Fill custings Fill societor   |
| NAME                          |  |   | . I  |       | l            |   |
| STREET ADDRESS                |  |   |  |       |              | 5   |
| CITY-ST-ZIP                   |  | DOFFEE  |  |       | ST - ZIP     | Change Addition   |
| TITLE                         |  | ☐ VECCIE  |  |       | - 1          |   |
| NAME                          |  |   |  |       | ADDRESS      |   |
| STREET ADDRESS                |  |   |  |       |              | 3   |
| CITY-ST-ZIP                   |  | DELETE  |  | _     | 1-ZIP        | Change Addition   |
| TITLE<br>NAME                 |  | VICEIE  |  |       | ,            |   |
| i                             |  |   |  |       | ADDDECC      | e l   |
| STREET ADDRESS<br>CITY-ST-ZIP |  |   |  |       |              | <u> </u>  |
| TITLE                         |  | ↑ DELETE  |  |       | 1-211        | Change Addition   |
| NAME                          |  |   |  |       |              |   |
| STREET ADDRESS                |  | // 11   |  |       | ADDRESS      | s   |
| 017/ 07 7/0                   | /  | ′ /   | 6.4.01   | TV. C | מול די       | '   |
| 14. hereby c                  | erthy that the information supplied  | withis filling roes not qualify                                     | for the exe  | mo    | tion state   | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information                  |
| indicated officer or o        | on this annual report or supplier ed<br>director of the corporation or that <b>x</b> | yarısının in respirt is true and a<br>Vivirer bi vullee embowered t | 13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     DELETE |       |              |   |
| Block 12 (                    | or Block 13 if changed, or on a /a   | Winig Vitt an actiress /  | 111  |       | , -          |   |