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

PROFIT CORPORATION ANNUAL REPORT 1999



SIGNA'

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600436

DRS. BARRACK & LIANE, P.A.

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90023 023 ***150.00

		11-	III Addanaa								nae.	
Principal Place			iling Address									
100 W. BAY ST. JACKSONVILLE		w. Bay St. Ksonville fl 3220	2									
ANALOGISTEE I F AFFAF								DO NOT W		IIS SPA	CE	
						3.	. Date Incorpor 08/29/1968		ed			
2. Principal Pl	lace of Business	2a.	Mailing Address			4.	, FEI Number				1	olied For
21			26				59-1218385			Not	Applicable	
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.				. Certifcate of S	Status Desired				dditional
12		27					. Caraneote or c				Fee Re	
City & State			City & State			6.	6. Election Campaign Financing \$5.00 May Be					•
23		28	<u></u>		<u> </u>		Trust Fund C				Added to	rees
Zip Country			Zip	Coun	try	8	. This corporat		urrent year	Intangio		∐No
24	25	29	land Amanh	30		40	Personal Pro		v Register			
_ .	9. Name and Address of C	urrent Regist	erea Agent		31 Name		, Italiie and A	<u> </u>	rtogiator			
LIANI	e, peter d.											
	WEST BAY STREET				32 Street	t Address (I	P.O. Box Numb	er is Not Acce	ptable)			
	(SONVILLE FL 32202			}	83	······································						
0,101	(00)(()(222			Į.	<u> </u>			191				
					B4 City				F	FI 185	Zip C	ode
44 Dumuent	to the provisions of Sections 60	7 0502 and 60	7 1508 Florida Sta	tutes the ab	ove-name	d corporatio	on submits this	statement for t	he purpose	of chan	ging its	registered
Affica are	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florid	a Such change wa	s aumonzeo	ov the con	poration's b	oard of director	rs. I hereby ac	cept the ap	pointme	nt as req	gistered
agent. ra		obligations of,	3600011 007.0000,	i ionaa otala	.00.							
SIGNATURE	•			OTE: Registered /		e required when	reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of register		f applicable. (N			e required when	reinstating) ADDITIONS/C	HANGES TO		AND DI		
SIGNATURE	Signature, typed or printed name of registe	red agent and title if	f applicable. (N	OTE: Registered /	gent signature	e required when		HANGES TO		AND DI	RECTO Change	
SIGNATURE	Signature, typed or printed name of registal OFFICER	red agent and title if	applicable. (N	OTE: Registered /	gent signature	e required when		HANGES TO		AND DI		
SIGNATURE 12. TITLE	Signature, typed or printed name of registe	red agent and title if	applicable. (N	13. 1,1 TITS	gent signature			HANGES TO 0		AND DI		
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICER PTSD LIANE,PETER D., O.D. 100 W. BAY ST.	ored agent and title it	applicable. (N	13. 1.1 TITI 1.2 NAI	gent signature E			HANGES TO (AND DI		Addition
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICER PTSD LIANE, PETER D., O.D.	ored agent and title it	applicable. (N	13. 1.1 TITI 1.2 NAI	egent signature E ME EET ADDRESS			HANGES TO (AND DI		Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICER PTSD LIANE,PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD	ored agent and title it	applicable. (N CTORS ☐ DELETE	13. 1,1 TITS 1,2 NAI 1,3 STS 1,4 CIT	egent signature E ME EET ADDRESS (-ST-ZIP) E			HANGES TO 0		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD	ored agent and title it	applicable. (N CTORS ☐ DELETE	13. 1.1 TITE 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITE 2.2 NAI	egent signature E ME EET ADDRESS (-ST-ZIP) E	s		HANGES TO (AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD	ered agent and title it	applicable. (N CTORS ☐ DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	E AE EET ADDRESS /- ST- ZIP E	s		HANGES TO		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable. (N CTORS ☐ DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	egent signature E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	s		HANGES TO		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable (N	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 STF 2.4 CIT 2.7 CIT	E E E E E F F F F F F F E E	s		HANGES TO		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable (N	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	E E E E E F F F F F E E E E	s		HANGES TO		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable. (N CTORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 3.4 CIT 3.5 NAI 3.5 TITI 3.7 NAI 3.7 NAI 3.7 NAI 3.8 CIT 3.1 CITI 3.7 NAI 3.7 NAI 3.8 CIT 3.1 CITI 3.7 NAI 3.7 CITI	Gent signature E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	s		HANGES TO		AND DI	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable (N	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.1 TITI	Gent signature E EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE	s		HANGES TO		AND DI	Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST.	ered agent and title it	applicable. (N CTORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI	E EET ADDRESS (-ST-ZIP) EET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	s		HANGES TO		AND DI	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N CTORS DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.3 STI 4.2 NAI 4.3 STI 4.3 STI 4.3 STI 4.4 STI	E EET ADDRESS /-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS AE EET ADDRESS ME EET ADDRESS	s		HANGES TO		AND DI	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 4.4 CI	E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E	s		HANGES TO		AND DI	Change Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N CTORS DELETE DELETE	23 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 3.5 STF 5.1 TITI 4.2 NAI 5.1 TITI 5.	Gent signature E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E ME ME EET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	s		HANGES TO		AND DI	Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N	23 STF 2 4 CFF 3.3 STF 4.4 CFF 4.1 TITT 4.2 NAJ 2.3 STF 2.4 CFF 4.1 TITT 4.2 NAJ 3.3 STF 4.4 CFF 4.1 TITT 4.2 NAJ 4.3 STF 4.4 CFF 5.1 TITT 5.2 NAJ 5.2 NAJ 5.3 NAJ 6.5	E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME	s s		HANGES TO		AND DI	Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N	13. 1.1 TITI 1.2 NAI 1.3 STS 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.3 STI 4.5 STI 5.2 NAI 5.3 STI 5.2 NAI 5.3 STI 5.3 STI	E EET ADDRESS /-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E AE EET ADDRESS	s s		HANGES TO		AND DI	Change Change Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N CTORS	23 STF 2.4 CIT 4.2 NA 4.3 STI 4.4 CIT 5.2 NA 5.3 STI 5.4 CIT 5.2 NA 5.3 STI 5.4 CIT 5.4 CIT 5.2 NA 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT 5.5 NA 5.3 STI 5.4 CIT 5.4	Gent signature E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E ME REET ADDRESS Y-ST-ZIP E REET ADDRESS	s s		HANGES TO		AND DI	Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regists OFFICER PTSD LIANE, PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N	13. 1.1 TITI 1.2 NAI 1.3 STS 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 4.1 TITI 4.2 NAI 4.3 STT 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STT 5.4 CIT 6.1 TITI 6.1 T	E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E ME REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E REET ADDRESS	s s		HANGES TO		AND DI	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regists OFFICER PTSD LIANE,PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N CTORS	21 NAV 23 STF 2. 4 CIT 4.1 TIT 4.2 NAV 23 STF 2. 4 CIT 4.1 TIT 4.2 NAV 23 STF 2. 4 CIT 4.1 TIT 4.2 NAV 23 STF 3.4 CIT 4.1 TIT 4.2 NAV 23 STF 3.4 CIT 5.1 TIT 5.2 NAV 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAV 6.3 NAV 6.2 NAV 6.3 NAV 6.2 NAV 6.3 NAV 6.2 NAV 6.3 NAV 6.2 NAV 6	Gent signature E EET ADDRESS (-ST-ZIP) E EET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME	s s		HANGES TO		AND DI	Change Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regists OFFICER PTSD LIANE,PETER D., O.D. 100 W. BAY ST. JACKSONVILLE FL 32202 VD BARRACK, EARLE S. OD 100 W. BAY ST. JACKSONVILLE FL 32202	ered agent and title it	applicable. (N CTORS	21 NAV 1.3 STF 2.4 CIT 4.1 TIT 4.2 NAV 2.3 STF 2.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.1 TIT 5.2 NAV 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAV 6.3 STF	E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E ME REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E AE REET ADDRESS (-ST-ZIP) E REET ADDRESS	s s		HANGES TO		AND DI	Change Change Change Change	RS IN 12 Addition Addition Addition Addition