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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H98585 JOMAR CARLIN ENTERPRISES, INC.

(3)

FILED Mar 23 1998 8:00am Secretary of State



Mailing Address Principal Place of Business % BENEDICT CARLIN **% BENEDICT CARLIN** 4052 UNIVERSITY BOULEVARD SOUTH 4052 UNIVERSITY BOULEVARD SOUTH DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216-4315 JACKSONVILLE FL 32216-4315 3. Date Incorporated or Qualified 02/11/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2633143 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box Added to Fees 23 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible USA X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Carlin, Benedict 4052 UNIVERSITY BLVD. S. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32216 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pooled name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 11 TITLE CARLIN, BENEDICT NAME 1.2 NAME CR2E034 4052 UNIVERSITY BLVD S. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE Addition 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CiTY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP_ DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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

SIGNATURE

FEB 2 4 1998 904.733-7514