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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P92000011020 (4) DOCUMENT #

ACES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

12369 BRIGHTON BAY TRAIL NORTH JACKSONVILLE FL 32246

12369 BRIGHTON BAY TRAIL NORTH JACKSONVILLE FL 32246

FILED Apr 10 1998 8:00am Secretary of State



(10/97)

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2120 COSPORAL SQ. 2120 CORBORATE SOPO BLUD 59-3162026 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 24 24 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL Jacksonville Jacksonville Trust Fund Contribution Added to Fees Zip 32216 Country 8. This corporation owes or has paid the current year intangible DUVal DUVAL Personal Property Tax due June 30. X Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BALL, JOHN S 2600 INDEPENDENT SQUARE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 City 85 Zip Code 84 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE PINA. JESSE 1.2 NAME NAME CR2E034 12369 BRIGHTON BAY TRAIL NORTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME FRANCI, PINA 2.2 NAME 12369 BRIGHTON BAY TRAIL NORTH 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition 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 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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.

IPResident

4-4-98

904-791-013/

use Pina

SIGNATURE: