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

Mailing Address

9951 ATLANTIC BLVD.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90009 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010318

Principal Place of Business

9951 ATLANTIC BLVD.

MARK DEBIASE, INCORPORATED

SUITE 323-13 JACKSONVILLE	FI 32225	SUITE 323-13 JACKSONVILLE FL 32225		DO NOT WRITE IN THIS SPACE			
SACKGOMILEE.	TE VELLO				3. Date Incorporated or Qualifed 02/10/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For
26					59-3168667	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible	
24	25 29 30			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
1.00			81	Name			
DEBIASE, MARK				82 Street Address (P.O. Box Number is Not Acceptable)			
9951 ATLANTIC BLVD.				82 Street Address (F.O. Box Number is Not Acceptable)			
SUITE 323-13			83				
JACKSONVILLE FL 32225						<u> </u>	- 45 S 45
			84	City	F	85 Zip C	ode
44 Discussion	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose	of changing its	registered
office or r	onictored agent or both in the State o	t Florida. Such change was aut	inorizea by	r the corborau	ion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	3. ,			- 1
SIGNATURE		ADTE: D	Tabletoned Amo	et elegatura raquire	ed when reinstating) DATE	:	j
	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OTANGEO TO OTT TOETC	Change	Addition
TITLE	, ·	₩ DE16.1				.— -	
NAME	DEBIASE, MARK		1.2 NAME		•		·
STREET ADDRESS	328 OCEANWALK DRIVE, N.	,	4	TADORESS			
CITY-ST-ZIP	ATLANTIC BEACH FL	□ DELETE	1.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE	SCF0	☐ DELETE	2.1 TITLE				
NAME:	DEBIASE, MYRA		2.2 NAME	-	•		
STREET ADDRESS	328 OCEANWALK DRIVE, N.		2.3 STREE	T ADDRESS		,	
CITY-ST-ZIP	,		2. 4 CITY-	ST-ZIP		E-01	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME .			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS		0.7	14
CITY-ST-ZIP	will the second of the second		3.4. CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				Ì
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP		•	4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CiTY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	
NAME		-	6.2 NAME				ļ
NAME			e a emper	T ADDRESS			

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 affachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP