SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCEOPOZ (5)

FILED Aug 12 1998 8:00am Secretary of State

· ·	n Name I & HART	NETT, CPA'S, P.	A.	(5)			A ARRIADO (ILE ARIAD ANTIL BOUR BORN BORN	8818) 81 111 88 18) 1810 8810 881 1881
Date 1 and Di								
Principal Place of Business Malling Address								
PO BOX 48413 JACKSONVILLE			PO BOX 48413 JACKSONVILLE I	PO BOX 48413 JACKSONVILLE FL 32247				
US US							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
					· · · · · · · · · · · · · · · · · ·		07/21/1993	
2. Principal Place of Business			<u></u>	2a. Mailing Address			4. FEI Number	Applied For
21	Suite, Apt. #, etc.			Suite Apl. #, etc.			59-3314116	Not Applicable
22			— ·	Solite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State				City & State			Election Campaign Financing	\$5.00 May Be
23			F	28			Trust Fund Contribution	Added to Fees
Zip	Zip Country		Zip				8. This corporation owes or has paid the	
24		25	29	30			Personal Property Tax due June 30.	Yes No
		and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	ered Ag ent
	TNE T T, ST				81 1	Name		
1915 IBIS POINT LANE					82 Street Add		ess (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32224					02			
					83			
					84 (City		FL 85 Zip Code
11. Pursuani	t to the provi	sions of sections 607.05	502 and 607.1508, Florid	da Statutes, t	the above-na	med corpora		
office or	registered as am familiar v	gent, or both, in the Stal	te of Florida, Such chai	nge was auth 0505, Florid:	norized by the	e corporatio	ation submits this statement for the purpose in's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		one I. Hart	igations of, scotlar cor					Jacken
						J MA	-4m+ 11: 7	121198
SIGNATURE	Signature, typed	or printed name of registered ag	gent and title if applicable	(NOTE:	Phonic Registered Agent	t signature requi	rinett red when reinstating) DA	78 1198
12.	Signature, typed	or printed name of registered ag	gent and title if applicable	(NOTE:	Registered Agent	t signature requi	red when reinstating) DA ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
12. TITLE	Signature, typed	for printed name of registered ag OFFICERS A	gent and title if applicable AND DIRECTORS D	(NOTE:	Registered Agent 13. 1.1 TITLE	t signature requi	red when reinstating) DA	S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	D HARTNE	OFFICERS A	gent and title if applicable AND DIRECTORS D	(NOTE:	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature requi	red when reinstating) DA	
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r necess certify that the information supplied with this filling does not quality 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.

it is wanted