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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	AL REPORT 998	Secretary DIVISION OF CO		Secret	ary of State
DOCUN 1. Corporation	MENT # P9400	0011186 (1) ROUP, INC.			
Principal Place of Business Mailing Address					FRAN OBARI NIBOR ANDRI ANDRA PORTE DAN AUDA
12643 E. HIDDEN CIRCLE JACKSONVILLE FL 32225		1713 PENMAN ROAD SUITE 118 JACKSONVILLE FL 32250 US			
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal Pla	ce of Business	2e. Mailing Address		02/07/1994 4. FEI Number	Applied For
21 1200	May part Road	26 AEGI		59-3222293	Not Applicable
Cano, i ipi ii	tic Beach FL	Suite, Apt. #, etc.	rd Road	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	The October	City & State	1 4-1	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has page	
24 3223	3 25		w US	Personal Property Tax due June 10. Name and Address of New Re	
LIAI	9. Name and Address of Curren	nt Hegistered Agent	81 Name	10. Name and Address of New No	eBistered Wilaur
12643 EAST HIDDEN CIRCLE JACKSONVILLE FL 32225			92 Street Addr	ess (P.O. Box Number is Not Accepta	hie)
				ess (r.o., box realiser is recinecopia	
			83		ł
			84 City		FL 85 Zip Code
11. Pursuant to office or re agent. I am	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flor	the above-named corp thorized by the corporational Statutes.	oration submits this statement for the ion's board of directors. I hereby acce	a second
SIGNATURE					DATE
12.	Ignature, typed or printed name of registered ago OFFICERS AN	D DIRECTORS (NOTE	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	THOMAS C. BODDORFF P.E		1.2 NAME		2
STREET ADDRESS	1008 E. RIVIERA BLVD OVIEDO FL 32765		1.3 STREET ADDRESS		ָם פַּרָ
CITY-ST-ZIP TITLE	T VIEDO PE 32/03	DELETE	1.4 CHY-SI-ZIP 2 1 TITLE		Change Addition
NAME	ORIAN P. KEIFEN P.E.	_	22 NAME		
STREET ADDRESS	105 RITA RAE LAINE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	D DOLLAR	2. 4 CITY-ST-ZIP		Change Addition
TITLE	V TOUFIC M. HAKIM	☐ DELETE	3.1 TITLE 3.2 NAME		C change Mounton
NAME STREET ADDRESS	12643 HIDDEN CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TATLE	S	DELETE	4.1 TITLE		Change Addition
NAME	HEILMANN, THOMAS C		4. 2 NAME		
STREET ADDRESS	36 dolphin blyd e Ponte Vedra Fl		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PONIC YEDINATE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	,	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T brieve	5.4 CITY-ST-ZIP		Change Addition
TITLE		[] DELETE	61 TITLE 62 NAME		Change C Addition
NAME STREET ADDRESS			63 STREET ADDRESS		
CITY+ST-7IP			6 4 CITY-ST-ZIP		
dd tharabara	ertify that the information supplied w	vith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes,	I further certify that the information if made under oath: that I am an
officer or o	firector of the corporation on the rec ir Block 13 if changed, in or an atta	elver or trulter employered to e	xecute this report as req	re shall have the same legal effect as uired by Chapter 607, Florida Statutes	; and that my name appears in

(In The Trensurer

FILED

Apr 14 1998 8:00am