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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Socretary of State DIVISION OF CORPORATIONS				Secretary of State					
 Corporatio 	MENT # F NAME OUB, INC.	9400007	'4951 (2)					in enk iir		4 !
Principal Place of Business 112 W. ADAMS ST. STE 1724 JACKSONVILLE FL 32202 US		1 S J	Mailing Address 112 W. ADAMS ST. STE 1724 JACKSONVILLE FL 32202 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Place of Business			2a, Mailing Address					10/10/1994 4. FEI Number		- An	plied For
21			26				1	59-3289287		No	t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	Additional
City & Stat	0		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added t	
Zip 24	Coun	29	Zip	30 Co.	ınlry			 This corporation owes or has p Personal Property Tax due Jun 	e 30. 🛚 🖺	Yes 🔀	angible No
		ess of Current Regis	tered Agent		241	N	1	0. Name and Address of New R	agistered /	Agent	
	LMER, RUSSELL S				81	Name					
112 W. ADAMS ST.						Street Ad	ddress	(P.O. Box Number is Not Accepta	ble)		
	NTE 1724 Overnalis et ea	200			83						
JA	CKSONVILLE FL 32	ZUZ									
٨						City	FL 85 Zip Code				Code
11, Pursuant	to the provisions of so	clus 607.0502 and 6	07 1508 Florida Stat	utes, the a	bove	e-named co	orpora	ion submits this statement for the	burgose of		s registered
office or r	egistered agent, or bu	the state of Florid	da. Such change was	s authorize	d by	the corpor	rations	ion submits this statement for the s board of directors. I hereby acce	pt the app	ointment as	registered
	Fluid J	THE OD SHIOTS DI	, 3000001 007.0303, 1	i iorioa sia	iutes) .					
SIGNATURE	Algorithm lyped or printed nat	ne of registers d agent and title	I applicable (N	OII Registere	d Age	nt signature rec	quired w	nen reinstaling)	DATE		
12.		OFFICERS AND DIREC		13.				ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	PD DUISE	31.6	DLTETE	1,1 (i				L Change	☐ Addition
NAME	PALMER, RUSSE			1.2 N		-					
STREET ADDRESS	112 W. ADAMS : JACKSONVILLE					ADDRESS					Į.
CHTY-ST-ZIP TIFLE	VD	L JEEVE	DELETE	1.4 C	11Y-S1	1-7IP				Change	Addition
NAME	FARMER, DOUG	LAS	- breeze	21 II		1				C Change	
STREET ADDRESS	4737 NORTHER					ADDRESS					
CITY-ST-ZIP	JACKSONVILLE (•		SI - ZIP					
TITLE			DELETE	3.1 10		-				Change	Addition
NAME				3.2 N						-	
STREET ADDRESS				3.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-S	7-21P					
TITLE			☐ DELETE	4.1 TI	1 LE					Change	Addition
NAME				4. 2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	. •	- nas	DELETE		17 - S1	1-7IP				Change	Addition
TITLE NAME			L. Marit	5.1 TU 5.2 N/							ריים אינונונוים ריים
STREET ADDRESS						ADDRESS					
CHY-ST-ZIP					14:E1 11Y-S1						
TIFLE			DELETE	6.1 1						Change	Addition
NAME				6.2 N/						-	
STREET ADDRESS		Λ		6.3 \$1	REET	ADDRESS					

CITY - ST - ZIP 6.4 CHY+S1-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an include or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the highest with an address. Thereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changes.

1/1/98 0043664400

FILED

Jan 20 1998 8:00am