

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

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000076187 (8)**

1. Corporation Name  
**MLOP, INC.**

Principal Place of Business <b>4540 SOUTHSIDE BLVD., SUITE 302 JACKSONVILLE FL 32216</b>	Mailing Address <b>4540 SOUTHSIDE BLVD., SUITE 302 JACKSONVILLE FL 32216</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 9551 BAYMEADOWS RD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 9551 BAYMEADOWS RD</b> Suite, Apt. #, etc.
<b>22 SUITE 4</b> City & State	<b>27 SUITE 4</b> City & State
<b>23 JACKSONVILLE FL</b> Zip	<b>28 JACKSONVILLE FL</b> Zip
<b>24 32256</b>	<b>29 32256</b>

3. Date Incorporated or Qualified <b>09/02/1997</b>	
4. FEI Number <b>59-3466950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HURST, CHRISTOPHER J**  
**4540 SOUTHSIDE BLVD., SUITE 302**  
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name <b>E. CHESTER STOKES, JR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9551 BAYMEADOWS RD., SUITE 4</b>
83
84 City <b>JACKSONVILLE</b>
85 Zip Code <b>FL 32256</b>

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]* **E. CHESTER STOKES, JR.** **4/15/98**

Signature, printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HURST, CHRISTOPHER J</b>	
STREET ADDRESS	<b>4540 SOUTHSIDE BLVD., SUITE 302</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STOKES, E. CHESTER, JR.</b>	
1.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BERGMANN, THOMAS C.</b>	
2.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>BRAREN, MICHAEL E.</b>	
3.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>WALLACE, L. DENISE</b>	
4.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
5.1 TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>FREDENHAGEN, SHARON W.</b>	
5.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>HICE, SHERRY</b>	
6.3 STREET ADDRESS	<b>9551 BAYMEADOWS RD., SUITE 4</b>	
6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	

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 attachment with an address.

CR2E034 (10/97)