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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000076187

1. Corporation Name
MLOP, INC.

Principal Place of Business
 9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US

Mailing Address
 9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1997

4. FEI Number
59-3466950

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, E C JR
 9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DP
 NAME STOKES, E C JR
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE V
 NAME BERGMANN, THOMAS C
 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4
 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE V
 NAME BRAREN, MICHAEL E
 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4
 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V
 NAME WALLACE, L D
 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4
 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE
 4.2 NAME *Wallace, L Denise*
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VT
 NAME FREDENHAGEN, SHARON W
 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4
 CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE S
 NAME HICE, SHERRY
 STREET ADDRESS 9551 BAYMEADOWS RD SUITE 4
 CITY-ST-ZIP JACKSONVILLE FL 32256

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE: *Sherry Hice* Sherry Hice

4/23/99

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)