

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

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FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104875

1. Corporation Name
MODIS LP-2, INC.

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	Mailing Address 177 CROSSWAYS PARK DR. WOODBURY NY 11797
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/12/1997	59-3482208	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29			
25	30			

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWAN, DEREK E	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CALABRO, ROBERT	
STREET ADDRESS	177 CROSSWAYS PARK DR.	
CITY-ST-ZIP	WOODBURY NY 11797	
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	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEWAN, DEREK E.	
1.3 STREET ADDRESS	1 INDEPENDENT DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
2.1 TITLE	DIRECTOR/SE. VICE PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ABNEY, MICHAEL D.	
2.3 STREET ADDRESS	1 INDEPENDENT DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
3.1 TITLE	DIRECTOR/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAYO, MARC M.	
3.3 STREET ADDRESS	1 INDEPENDENT DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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, with all other like empowered.

SIGNATURE: *GREGORY M. ...* **SIGNATURE REQUIRED** 7-8-99 Date 904-360-2704 Daytime Phone #

CR2E034 (11/98)



One Independent Drive · Jacksonville, Florida 32202-5060
Telephone: 904-360-2000 · Facsimile: 904-360-2814
www.modispro.com

596584-90025-21
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July 6, 1999

Re: Profit Corporation Annual Report – Modis LP-2, Inc.

Florida Department of State
Katherine Harris - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

Gerald Robinson
Tax Director