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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104875 1. Corporation Name

MODIS LP-2, INC.

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

07-27-1999 90025 021 ***150.00



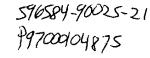
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Principal Place		Mailing Address			i immit mår era tætti ræber omen men	((\$5151 11511 54)1(1 91991 191 11 11	
ONE INDEPEND	ENT DRIVE	177 CROSSWAYS PARK DR.		1				
JACKSONVILLE FL 32202 WOODBURY NY 11797					DO NOT WRIT	E IN THIS !	SPACE	
{				3.	Date Incorporated or Qualifed			
}					12/12/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			FEI Number		Apr	olied For
21		26 I TNBLIENDE	NIS BO	ለ.	59-3482208		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 77 87710: 713-18 66					Certifcate of Status Desired		\$8.75 A Fee Rec	
City & State	B Service service	City & State	·	· _ I	Election Campaign Financing		\$5.00	
23		28 JACK SPAINILL	المي الميان		Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip Co	untry	8.	This corporation owes the curre			□No ·
24	25	29 32202 30			Personal Property Tax. Name and Address of New R			
	9. Name and Address of Current	81 Name		, Name and Address of New R	egistered A	gent		
COB	PORATION SERVICE COMPANY			•				
1201 HAYS STREET				t Address (F	P.O. Box Number is Not Accepta	ble)		
TALL	AHASSEE FL 32301		83					
			84 City			FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutas, 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				ADDITIONS/CHANGES TO OF	FICERS ANI	DIRECTO	RS IN 12
TITLE	D	-	TITLE		TOR PRESIDENT		Change	Addition
NAME	DEWAN, DEREK E	12	NAME.	Marila	DEREK E			- 1
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	JACKSONVILLE FL 32202		CITY-ST-ZIP		riama. INTO COM Pal	. 3220	1	1
CITY-ST-ZIP	D		TITLE	holes	TVR SK. VICE PLESID	£ 15 1-0	Change	☐ Addition
	ABNEY, MICHAEL D		NAME	44.10	by, MICHAEL D.		ENSUR	ER
NAME		i '	STREET ADDRESS	ב ענקון.	INE PENDENT D	B.		,
STREET ADDRESS	ONE INDEPENDENT DRIVE	1		1 1	used vait Fi	27.71		
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TITLE	VP			DIKE	OTOR/SELRA-THR	y		
NAME	CALABRO, ROBERT		NAME	MAYO	INE PENDENT D	C .		' 1
STREET ADDRESS	177 CROSSWAYS PARK DR.		STREET ADDRESS	1 7 1	K Spalville PL	777/	a 1	
CITY-ST-ZIP	WOODBURY NY 11797		CITY-ST-ZIP	774	KSPOTVILLE, FL		Change	Addition
TITLE		_					L) ananga	
NAME		I	NAME					
STREET ADDRESS		i i	STREET ADDRESS	s [
CITY-ST-ZIP			CITY-ST-ZIP	+-			Change	Addition
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CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					[] Addition
TITLE		<u> </u>	TITLE	-			Change	Addition
NAME			NAME					
STREET ADDRESS		6.3	STREET ADDRESS	S				i

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR







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

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

