

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000104190

1. Corporation Name
MLOP II, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9551 BAYMEADOWS RD Suite, Apt. #, etc. 22 SUITE 4 City & State 23 JACKSONVILLE FL Zip 24 32256		2a. Mailing Address 26 9551 BAYMEADOWS RD Suite, Apt. #, etc. 27 SUITE 4 City & State 28 JACKSONVILLE FL Zip 29 32256		3. Date Incorporated or Qualified 12/14/1998	
		4. FEI Number 59-3548397		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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		STOKES E CHESTER JR					
82 Street Address (P.O. Box Number is Not Acceptable)		9551 BAYMEADOWS RD SUITE 4					
83							
84 City		JACKSONVILLE		85 Zip Code		FL 32256	

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]* DATE: 4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURST, CHRISTOPHER J	1.2 NAME	STOKES E CHESTER JR
STREET ADDRESS	4540 SOUTHSIDE BLVD., SUITE 302	1.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BERGMANN THOMAS C
STREET ADDRESS		2.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BRAREN MICHAEL E
STREET ADDRESS		3.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WALLACE I. DENISE
STREET ADDRESS		4.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FREDENHAGEN SHARON W
STREET ADDRESS		5.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HICE SHERRY
STREET ADDRESS		6.3 STREET ADDRESS	9551 BAYMEADOWS RD SUITE 4
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256

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: *[Signature]* Sherry Hice DATE: 4/23/99 904/739-2249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)