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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000074988 (2) DOCUMENT #

FILED May 14 1998 8:00am Secretary of State

Principal Place	AS AVENUE	Mailing Add 6653 POWE SUITE 136	RS AVENUE		
JACKSONVIL	LE PL 32217	JACKSUNVI	LLE FL 32217		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					09/10/1996
—	lace of Business	2a. Mailing A	ddress		4. FEI Number Applied For
21		26			59-3400138 Not Applicable
Sulte, Apt.	#, ⊕(C)	Suite, Ap	1. #, 0 1C.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	6	City & Ste	ate		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	—	untry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29 ent Begistered Age	30 st	1	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CE	AWFORD, JOHN R	ent tregisteren Age		81 Name	
	5 WATER STREET #900				
	CKSONVILLE FL 32202			82 Street	et Address (P.O. Box Number is Not Acceptable)
)				83	
				84 City	■■ 85 Zip Code
				Oity	FL S Z P COUR
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607,1508, F	lorida Statutes, the a	bove-named	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accopt the obl	ligations of, Section (07.0505, Florida Sta	tutes.	orporation to board of directors. Thorough accept the appointment as regionally
SIGNATURE	Signature, typed or printed name of registered a		Work of the	44-11-1	
12.		ND DIRECTORS	(NOTE: Hegistere	d Agent signatur	ilure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	L	DELETE 1.1 T	ITLF	Change Addition
NAME	PINEIRO, SANDRA F		121	IAME	
STREET ADDRESS	11070 BLUE ROAN COURT	Ī	1.3 \$	TREE1 ADDRESS	ss
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 0	ITY-ST-ZIP	
TITLE	D		DELETE 2.1 T	ITLE	Change Addition
NAME	GUPTA, JEANETTE M	ATUE DA 10	22 N	AME	55 9780 Creekfront Rd., #104 Tacksonville, FL 32256 Change Addition
STREET ADDRESS	11001-621 OLD ST. AUGUS	STINE HOAD	2.3 \$	TREET ADDRESS	15 9780 Creek+RONT Rd., 17104
CITY-ST-ZIP	JACKSONVILLE FL 32257			CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		L	DELETE 3.1 T		/ Change Addition
NAME			3.2 N		
STREET ADDRESS				TREET ADDRESS	8
CITY-ST-ZIP			DELETE 4.1 T	DITY-ST-ZIP	☐ Change ☐ Addition
NAME		_	4.21		
STREET ADDRESS				Treet Address	ss
CITY-ST-ZIP				ITY-ST-ZIP	
TITLE			DELETE 5.1 T		Change Addition
NAME			5.2 N	AME	
STREET ADDRESS			5.3 S	TREET ADDRESS	is
CITY - ST - ZIP				ITY-ST-ZIP	
TITLE			DELETE 6.11	ITLE	☐ Change ☐ Addition
NAME			6.2 N		
STREET ADDRESS			6.3 S	TREET ADDRESS	s

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. Jeanotte M. Gunta 11-20-90