

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

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

07-27-1999 90025 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J46369**

1. Corporation Name  
**MODIS, INC.**



Principal Place of Business 54 MARINA ROAD LAKE WYLIE SC 29710 US	Mailing Address 177 CROSSWAYS PARK DR WOODBURY NY 11797 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1 INDEPENDENT DR.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1 INDEPENDENT DR.</b> Suite, Apt. #, etc.
City & State 23 <b>JACKSONVILLE, FL.</b> Zip County 24 <b>32202</b> 25	City & State 28 <b>JACKSONVILLE, FL.</b> Zip Country 29 <b>32202</b> 30

3. Date Incorporated or Qualified <b>12/10/1986</b>	
4. FEI Number <b>65-0000600</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>O</b> <input type="checkbox"/> DELETE
NAME	<b>PAYNE, TIMOTHY</b>
STREET ADDRESS	<b>ONE INDEPENDENT DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE
NAME	<b>DEWAN, DEREK E</b>
STREET ADDRESS	<b>ONE INDEPENDENT DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>ABNEY, MICHAEL D</b>
STREET ADDRESS	<b>ONE INDEPENDENT DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MAYO, MARC M</b>
STREET ADDRESS	<b>ONE INDEPENDENT DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CALABRO, ROBERT</b>
STREET ADDRESS	<b>177 CROSSQWYAS PARK DR</b>
CITY-ST-ZIP	<b>WOODBURY NY 11797</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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

SEE ATTACHED

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: Katherine Harris **REQUIRED** Date: 7-9-99 Daytime Phone #: 904-360-2704

000600

CR2E034 (11/98)



596610-90025-47  
J46369



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, 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

S96610-90025-47  
J 46 369

**Modis Inc.**

**Officers:**

Chief Executive Officer/Chairman  
Derek E. Dewan

1 Independent Dr. Jacksonville, FL 32202

Vice President /Treasurer  
Michael D. Abney

1 Independent Dr. Jacksonville, FL 32202

President  
Timothy D. Payne

1 Independent Dr. Jacksonville, FL 32202

Secretary  
Marc M. Mayo

1 Independent Dr. Jacksonville, FL 32202

**Directors:**

Derek E. Dewan  
Michael D. Abney  
Marc M. Mayo

1 Independent Dr. Jacksonville, FL 32202

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