All       All Part #, etc.       2010, Apt #, etc.		PROFIT PORATION IAL REPORT <b>1999</b>		FLORIDA DEPAR Katherin Secretary DIVISION OF Ci	of State	Apr 27, Secreta	[LED 1999 8:0( 1ry of Sta 90192 002 ***150.	
Principal Place of Business  LISR-10 DUNN AVE LISR-10 DU	a corporation	Name	9086					
Main Address     Main Address       Big Hours AVE ACKSOMULE FL 3218     ICAL Main Address       S     Do NOT WRITE IN THIS SPACE       S     Date In corporate Or Dualitied OT/OCS 1951       2.     Procipal Place of Business     IA       3.     Date In corporate Or Dualitied OT/OCS 1951     In Sector Dualitied OT/OCS 1951       2.     Procipal Place of Business     IA       3.     Date In corporate Or Dualitied OT/OCS 1951     In Sector Corporation Flamong       City A State     Softe ALF, etc.     S       2.     Country     In Sector Corporation Planong     Asset In Sector Corporation Planong       2.     Country     In Sector Corporation Planong     Asset In Sector Corporation Planong       2.     Country     In Sector Corporation Planong     Asset In Sector Corporation Planong       3.     Date Information Planong     Asset In Sector Corporation Planong     Asset In Sector Corporation Planong       3.     Date Information Planong     In Sector Corporation Planong     In Sector Corporation Planong       3.     Date Information Planong     In Sector Corporation Planong     In Sector Corporation Planong       3.     Date Information Planong     In Sector Corporation Planong     In Sector Corporation Planong       3.     Date Information Planong     In Sector Corporatin Planong     In Sector Corporation Planong	HIGHLAN	id drug Cu.						
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OT/OC/961           Principal Place of Business         2a. Multing Address         4. FEI Nu incor         Applied E1           Suite, N.F. #, etc.         Suite, Ap. #, etc.         s. Centor to d'Status Desired         Tere Reg and           CDy & State         CDy & State         s. Centor to d'Status Desired         State April Centrolito         State Applied E1           CDy & State         CDy & State         c. Elector Company         State Applied E1         The sop point Part Applied Place Pla	<b>CKSONVILLE</b>		JACK				FE IN TH S SPACE	
I. Principal Place of Buciness       2a. Multing Address       4. FEI M inter       Applied Fe         Stute, A; I. #, etc.       30       Suite, A; I. #, etc.       59 003 38542       \$8.75 Addition         City & State       City & State       City & State       5.00 A, yt & Fe Address       \$6.00 A, yt & Fe Address         2p       Country       2p       Country       8.75 Addition       Stote Address       \$6.00 A, yt & Fe Address         2p       Country       2p       Country       8.75 Addition       Address of Current (address of Current (						**		
Sule, Apt. #, etc.     Sule, Apt. #, apt. Apt. #, ap	2. Principal Pla	ace of Business	2a. M	Aailing Address			App	lied For
City & State     Country     Za     Country     Za     Country     Za     Country     State     Country     State     Country     State     State     Country     State						59-0938542		Applicable
City & State       County       Zp       Zp       County       Zp       Zp       County       Zp	-	#, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		
Zip     Country     Zip     Country     Zip     Country     R. These coprocision owes the current year litengible       Personal Property Tax.     XYes     LNo       9. Name and Addeess of Current     Registered Agent     10. Name and Address of New Registered I Agent       SLAGLE, SUSAN     Str. 240     12. Street Address of New Registered I Agent       41100 BELFORT RD     53     54     52       JACKSONVILLE FL 32213     54     64     City       1. Pursuait to the provisions of Scitors 607.0502 and 607 1508. Florida Statutes, the above-named co portation submits: this statement for the pursue of the appointment as registered agent. and ac-sept the obligation is of. Section BOX005. Ficida Statutes.     13. ADDITIC NS/CHANGES TO OFFICERS AND DIRECTORS       1. Pursuait to the provisions of Scitors 607.0502 and 607 1508. Florida Statutes.     13. ADDITIC NS/CHANGES TO OFFICERS / MD DIRECTORS IN a state of information and ac-sept the obligation is of. Section BOX005. Ficida Statutes.       NGNATURI:     20. OFFICERS AND DIRECTORS     13. ADDITIC NS/CHANGES TO OFFICERS / MD DIRECTORS IN a state of information and ac-sept and ad-sept and advection and ac-sept and advection andvection and advection and advection andvection advection a	City & State	9		City & State				
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SLAGLE, SUSAN STE 240       81       Name         4150 BELFORT RD JACKSONVILLE FL 32213       82       Street Ad tress (P O. Box Number is Not Acceptable)         41       83       84       City       FL_       85       Zip Cc de         41       94       City       FL_       85       Zip Cc de         32       Control of the provide of difference operation statutes.       No reported of difference.	·[				30	<u></u>		
STE 240 41to BELFORT RD JACKSONVILLE FL 32213  24 City  FL 83 24 City  FL 85 2ip C:de  34 2ip C:de  41 2ip C:de  54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 55 54 5 5 54 55 54 55 54 5 5 54 5 5 54 5 5 54 5 5 54 5 5 5 54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					81 Name			
4190 BELFORT RD JACKSONVILLE FL 32213       93         14       City       FL       85       Zip C: de City         14       City       FL       85       Zip C: de City         15       Parsuasit to the provisions of Sc tions 607.0502 and 607.1508, Florida Statulas, the above-named co poration submits this statement for the purpose (-thanging its rigister office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the app-intiment as registered agent. Lint member with approximent as registered approximent as registere					82 Street Ad	Iress (P.O. Box Number is Not Accepta	ble)	
ACKSONVILLE FL 32213      B      City					83			
Augustation to the provisions of Se allons 607.0502 and 607.1508, Florida Statutes, the above -named corporation submits this statement for the purpose of changing its registered agent, or bots, in the State of Florida. Such change was submits and the purpose of change in the statement of the purpose of change is such change was submits and the purpose of change is statement agent. If an familiar with, and ac-lept the obligatine of . Section 607.0506, Florida Statutes.  IGNATURE:  Suppose: hyped or printed may efficient agent: in the state of purpose of change is submits. This statement agent is of ingestend agent is differed agent. In the State of PTC Registered Agent signature required when resulting  Augusts. hyped or printed may efficient agent: in the state of purpose of change is a chang								
ordifice or registered agent, or bot , in the State of Honda. Such change was authorized by the coportal bit's board of directors. Thereby accept to the app infunition as reginative agent, tain termiliar with, and a cirept the obligations of section 607.0505, Fichida Statutes.  SIGNATURI: Signature, the obligation of the interplation of agent in a bit of agentation of the coport of the section of the coport of the app infunition as reginative of the app information of the coport of the app information of the application of the coport of the app information of the coport of the app information of the application of the coport of the app information of the coport of the app information of the application of the application of the coport of the application of the application of the application of the coport of the application of the coport of the application							FL	
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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 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 of the receiver of 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 attach receiver of trustee empowered.	ITLE AME TREET ADDRES S ITY-ST-ZIP ITLE IAME TREET ADDRES S ITY-ST-ZIP ITLE AME TREET ADDRES S ITY-ST-ZIP ITLE AME TREET ADDRES S ITY-ST-ZIP ITLE ITREET ADDRES S ITTLE IT			DELETE	2.3 STREET ADDRESS 2. 4 CITY- ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY- ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP		Change	Addition