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

DOCUMENT #

299056

(2)

1. Corporatio		ON CORPORATION	•	<i>-,</i>							
Principal Place of Business Mailing Address							\neg	1 100110 11010 10110 10110 10111 00101 01112 0111 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011			
1325 BCH AVE 1325 BCH AVE											
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL US US					233			DO NOT WRITE IN THIS SPACE			
03			US				f:	3. Date incorporated or Qualified		7.02	
								11/24/1965			
2. Principal P	lace of Busi	ness	2a. Mailing Ad-	2a, Mailing Address				4. FEI Number		Ap	plied For
21			26					59-1108421			t Applicable
Suite, Apt.	#, etc		}	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22 City & Stat			City & State	City & State				B. Elin M. O. Santin Elin I.		Fee Re	·
23		· · · · · · · · · · · · · · · · · · ·	28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country		Zip	├ 1		ntry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24 25 9. Name and Address of Current			29 29 Registered Agent	30	 			Personal Property Tax due June 30. Yes INO 10. Name and Address of New Registered Agent			
BRANT, WILLIAM P						Name				· · · · · · · · · · · · · · · · · · ·	
		NTER, SUITE 3100	1			Stroot	Addross	co (P.O. Boy Number in Not Acceptable)			
	N. LAURA							ess (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32201					83						
					84	City			FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.1508, Flo	-named	corporat	ion submits this statement for the	ourpose of	changing its	s 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											registered
SIGNATURE											
Signature, typod or printed name of registered agent and title if any siciable (NOTE: 8 OF FICE RS AND DIRECTORS						ent eignature	required wh	nen reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	S IN 12
TITLE	PD	OFFICERS		DELETE	13.			ADDITIONO OF A CONTROL OF A CON		Change	Addition
NAME	, . –	WILLIAM W.			1.2 NAME						_
STREET ADDRESS	DDRESS 1325 BEACH AVENUE				1.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIC BCH. FL				1.4 CITY - ST - ZIP						
TITLE	VSD			DELETE	2.1 TITLE					Change	Addition
NAME		MARY B.			2.2 NAME	Į					
STREET ADDRESS					2.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIC BCH. FL				2. 4 CITY-ST-ZIP 3.1 TITLE					Change	Addition
TITLE NAME			L)	DECETE	3.1 IIILE 3.2 NAME					T CINING	
STREET ADDRESS					3.3 STREET	ADDRESS					j
CfTY-SI-ZIP					3.4. CITY - S						1
TITLE				DELETE	4 1 TITLE		_			Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADORESS					
CITY-ST-ZIP					4.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE				DELETE	5 1 TITLE				l	Change	Addition
NAME					5 2 NAME						1
STREET ADDRESS					5 3 STAEET	1					ļ
CITY-ST-ZIP	L			DELETE	5.4 CITY-S	T-ZIP				Change	Addition
TITLE			L	DECETE	6.1 TITLE				ı	"I CHAIRA	L. AUGUSON
					6.2 NAME	ADDECC					
STREET ADDRESS					6.3 STREET	AUUNESS					1

64 CITY-ST-ZIP

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 suppliented 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

SIGNATURE!

lill beam

9-32-98 (ON) 249-4009

FILED

Feb 25 1998 8:00am

Secretary of State