	NOW: FILING FEE A	TER MAY 1ST	IS \$550.00		LED
PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		May 06 1998 8:00ar Secretary of State	
		DIVISION OF	CORPORATIONS		
	MENT # 424554			a a subditi di statu andara andara da subditi	1 ALEDI ALA) BYDII ALEDI BIAIL BIAIL BIAIL
incident Place		Mailing Address			A MARTE MANA BARA ANA ANA ANA ANA ANA ANA I Didaya mana bahar ana ang ang ang ang ang I Didaya mang ang ang ang ang ang ang ang ang ang
Principal Place of Business 5400 LONGLEAF ST. P. O. BOX 12529 JACKSONVILLE FL 32209		5400 LONGLEAF ST. P. O. BOX 12529 JACKSONVILLE FL 32209			
				<ol> <li>Date Incorporated or Qualified 04/30/1973</li> </ol>	
Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1460248 5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country		28 Zip Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
<u> </u>	25	29	30	Personal Property Tax due June 3	30. 🛛 Yes 🗌 No
PIT	9, Name and Address of Current MAN, ERNEST H.	Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	DI ATLANTIC BLVD,#253		62 Street Ad	doress (P.O. Box Number is Not Acceptable	ə)
JAC	CKSONVILLE FL 32207		83	······································	· 
			84 City		B5 Zip Code
					FL
office or to	o the provisions of Sections 607.0502	and 607.1508, Fiorida Stat			
agent. Lar	agistered agent, or both, in the state of familiar with, and accept the obligation of the obligation o	f Florida. Such change was ons of, Section 607.0505, I	utes, the above-named c s authorized by the corpo Florida Statutes.	orporation submits this statement for the pu pration's board of directors. I hereby accept	irpose of changing its registered the appointment as registered
GNATURE .					Irpose of changing its registered the appointment as registered
GNATURE	Signature, typed or printed name of registered agent OFFTCERS AND	end tillo it applicable (NC DIRECTORS	OTE: Registered Agent signature re 13.		
GNATURE .	Signature, typed or printed name of represented agent OFFICERS AND	and the it applicable (NG	OTE: Registered Agont signature re <b>13.</b> 1.1 TITLE	quired when reinstating)	DATE
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