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

FILED Feb 20 1998 8:00am Secretary of State

Principal Place of Business ### APPLIED ##		MENT # 48167 ATHTUB MAN, INCORPOR				
ACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified (8)QA/1975 2. Principal Place of Business 26. Mailing Address 4. FET Number Sulle, Apt. #, etc. 59-226 1037 Sulle, Apt. #, etc. 50. Certificate of Status Desired 58.75 Additional Fee Required 58.	Principal Plac	e of Business	Mailing Address			T 160111 01501 15401 15610 01111 15010 5111 01011 51511 01011 01011 01011 01011
DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/04/1975 2. Principal Place of Business						
3. Date Incorporated or Qualified 3. Date Incorporation 4. Felt Number 3. Date Incorporation 4. Entities of Status Desired 4. City 5. Date Incorporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Foricia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Foricia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent	JACKSONVIL	LE FL 32217	JACKSONVILLE FL 32217	7		DO NOT WRITE IN THIS SPACE
DR/OA/1975 2a. Mailing Address 2a. Mailing Address 4. FER Number Applied For Not Applied F	l					
2. Mailing Address 2. Mailing Address 3. Mailing Address 3. Mailing Address 3. Suite, Apt. #, etc. 3. Suite, Apt.						· ·
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 28 Zip 28 Zip 29 Country 28 Zip 20 Country 28 Zip 20 Country 20 20 20 30 Country 20 30 R. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. We have and Address of Current Registered Agent NIPPER, JAMES L. STE 2400 INDEPENDENT SQ JACKSONVILLE FL 32202 82 Sitreat Address (P.O. Box Number is Not Acceptable) 82 Sitreat Address (P.O. Box Number is Not Acceptable) 83 Ad City FL 85 Zip Code 84 City FL 85 Zip Code 85 Sitreat Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Sitreat Address (P.O. Box Number is Not Acceptable) 85 Sitreat Address (P.O. Box Number is Not Acceptable) 86 Sitreat Address (P.O. Box Number is Not Acceptable) 87 Sitreat Address (P.O. Box Number is Not Acceptable) 88 Zip Code 89 Sitreat Address (P.O. Box Number is Not Acceptable) 89 Zip Code 80 Sitreat Address (P.O. Box Number is Not Acceptable) 81 Nume 82 Sitreat Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85	2. Principal P	Place of Business	2a. Mailing Address		·	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 6, etc.	21	26				
22 27 Fee Required City & State Country & Coun	Sulte, Apt. #, etc.					
Zip						Fee Required
24 29 29 30 Personal Property Tax due June 30.	<u> </u>		 -			
Name and Address of Current Registered Agent 10. Name and Address of New Registered/Agent	Zip	Country		⊢	ry	
NIPPER, JAMES L. STE 2400 INDEPENDENT SO JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 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, but the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO	24			[30]		
STE 2400 INDEPENDENT SQ JACKSONVILLE FL 32202 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the about 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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Syntature, hyped or printed name of registered agent and tile if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TRUE MAME STREET ADDRESS SSS STANFORD RD. 1.2 AMME STREET ADDRESS SSS STANFORD RD. 1.3 STREET ADDRESS SSS STANFORD RD. 3.3 STREET ADDRESS SSS STANFORD RD. 3.4 CITY-ST-LP Change Addition Change Additi			ent Registered Agent		1 Name	10. Name and Address of New Registered/Agent
JACKSONVILLE FL 32202 83 84				ľ	Ivanie	
B8				8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)
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 agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE	"	ONDONALLE I E 32202		8	3	
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinheating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD TROSCHER, ENID 5353 STANFORD RD. JACKSONVILLE FL 14. CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE ACKSONVILLE FL TITLE ST DELETE 21 TITLE ACKSONVILLE FL 12. OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition TROSCHER, ENID 5353 STANFORD RD. JACKSONVILLE FL TITLE TAYLOR, LORI 3620 CALLA DR. 22 STREET ADDRESS CITY-S1-ZIP TITLE ST DELETE 31 TITLE ACKSONVILLE FL TITLE ACKSONVILLE FL DELETE 32 MAME STREET ADDRESS CITY-S1-ZIP JACKSONVILLE FL DELETE 41 TITLE ALCHY-S1-ZIP TITLE ALCHY-S1-ZIP TITLE ACKSONVILLE FL DELETE 34 LITTLE ACKSONVILLE FL Change Addition Addition Addition Addition ACKSONVILLE FL ALCHY-S1-ZIP TITLE ALCHY-S1-ZIP ACKSONVILLE FL ALCHY-S1-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition ALCHY-S1-ZIP ACKSONVILLE FL ALCHY-S1-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ACKSONVILLE FL ACKSONVILLE FL ALCHY-S1-ZIP ACKSONVILLE FL ALCHY-S1-ZIP ACKSONVILLE FL ACKSONVILLE F				L	J	
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 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, 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, and the state of Florida. Statutes. SIGNATURE Signature, typed or prised name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TROSCHER, END 12. ADAME STREET ADDRESS CITY-ST-ZIP ACKSONVILLE FL DELETE 1.1 TITLE TAYLOR, LORI 3620 CALLA DR. JACKSONVILLE FL 1.2 NAME 3620 CALLA DR. JACKSONVILLE FL 1.3 TITLE 1.4 CHANGE 2.2 STREET ADDRESS CITY-ST-ZIP TITLE TROSCHER, ENID 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE TROSCHER, ENID 3.4 CITY-ST-ZIP TITLE AMME 1.5 Change Addition Addition Addition Addition Addition AMME STREET ADDRESS STREET ADDRESS STANFORD RD JACKSONVILLE FL DELETE 4.1 TITLE AMME 4.2 NAME STREET ADDRESS STREET ADDRES				8	4 City	EI 85 Zip Code
Signature typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE	11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	i02 and 607.1508, Florida Statute te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abo authorized l orida Statut	ve-named copy the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS TITLE TROSCHER, ENID STREET ADDRESS CITY-ST-ZIP TITLE TAYLOR, LORI STREET ADDRESS STREET ADDRESS GOZO CALLA DR. CITY-ST-ZIP TITLE TROSCHER, ENID DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE TAYLOR, LORI STREET ADDRESS GOZO CALLA DR. 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS GOZO CALLA DR. 2.4 CITY-ST-ZIP TITLE TROSCHER, ENID STREET ADDRESS GOZO CALLA DR. 3.1 TITLE NAME TROSCHER, ENID 3.2 NAME STREET ADDRESS GOZO CALLA DR. 3.3 STREET ADDRESS GOZO CALLA DR. 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS GOZO CALLA DR. 3.3 STREET ADDRESS GOZO CALLA DR. 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS 4.3 STREET ADDRESS	SIGNATURE	Statehus hand at priched come of registered a	and and title it englishin (NOT)	E: Parlatored A	nont nice atura sa	DATE
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this fitting 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 cath; that I am an	14. I hereby o	certify that the information supplied	with this filing does not qualify fo	r the exem	ption 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 at 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.