## 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 #

(5)

INIEH	COMPANY SERVICES INCOM	RPOHATED						
Principal Plac	ce of Business	Mailing Address					AH BIBU BIBU DIRH BIRI	I ASPET ATRICE ENGL
7892 BAYM	EADOWS WAY-DEERWOOD CENT	7892 BAYMEADOWS WAY	Y-DEERWOOI	CENT	ł			
P.O. BOX 2954 P.O. BOX 2954				PER INCOME				
JACKSONVILLE FL 32256-7512 JACKSONVILLE FL 32256-			7512		L	DO NOT WRITE IN THIS SPACE		
ļ					Į	3. Date Incorporated or Qualified		
		<u> </u>				07/25/1976		
	Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For
Suite. Apt. #. etc.		26			— <b> </b> -	59-2246824		Not Applicable
		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 - 11	5 Additional Regulred
22 City & Sta	la .	City & State	7 City & State			6 Floring Open day Property		<del></del>
23		28		1	Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees	
Zip			Country		-+	8. This corporation owes or has pa		
24	25	<u>Ի</u>	30			Personal Property Tax due June	·	□ No
	9. Name and Address of Current			<del></del> ,		10. Name and Address of New Re		
Pi	OINDEXTER, CAROLE J.		81	Name			<del></del>	
7892 BAYMEADOWS WAY				D1	et Address (P.O. Box Number is Not Acceptable)			
	ACKSONVILLE FL 32216		82	Street	Address	S (P.O. BOX Number IS NOT Acceptar	ole)	
1			83				<u> </u>	
	•		<u> </u>					
Į.			84	City			FL  85   Z	ip Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat							g its registered as registered
12.	Signature, typed or printed name of registered agent		13.	nt signature	required w	vhen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	ODC IN 12
TITLE	OFFICERS AND DIRECTORS  DELETE					E PRESIDENT	Chang	
NAME	POINDEXTER, CAROLE J		1.2 NAME		0,2	e //EJ/FE	groman	jo rounon
STREET ADDRESS 7892 BAYMEADOWS WAY			1.3 STREET ADDRESS					
	IACHODANALIE EL AGAAA 27 7 6 /							
CITY-ST-ZIP	PD DELETE		2.1 TITLE	1.4 City - St - ZiP		RETARY	Chang	e Addition
NAME	KELLY, TERRENCE C		0.0 1/11/15		ومما	DOU - LOGAN		, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS	TOOL DAVISE ADOLLO MAN		2.3 STREET ADDRESS		SA	5 BAYSHORE DE	•	
	JACKSONVILLE, FL-00000 3	2256		i i	CAC	ONUT GROVE, FO	73/72	
CITY-ST-ZIP TITLE	AS DELETE			2.4 CITY-ST-ZIP		CA CEVALLATION	LP Chang	
NAME	OATMAN, H.WAYNE			3.2 NAME		Y SECRETARY, NNY PEREZ S BAYSHORE PI		
STREET ADDRESS	7892 BAYMEADOWS WAY		3.3 STREET	ADDRESS	200	- BAYSHORE PI	٤.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-5		200	CONUT GROVE,	F/ 33/3	<b>)</b>
TITLE	DELETE			4.1 TITLE		E PRESIDENT	☐ Chanc	ne 4-Addition
NAME				4. 2 NAME		E PROJIVENI		_
STREET ADDRESS				4.3 STREET ADDRESS		SERT PIERCE	WAY	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		BERT PIERCE DE BAYMEN DOWS CKSONVILLE, FI	2226L	
TITLE			5.1 TITLE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	TUUBESS				
CITY-ST-ZIP			5.4 CITY-S	į.				
TITLE		DELETE	6.1 TITLE	1-71L			☐ Chang	e Addition
NAME		<b>_</b>	6.2 NAME				- 10118	
			6.3 STREET	AUUBEGG				
OTHER PROHESS			U.O OTTEL	1.001.00	l			

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 will-an address.

SIGNATURE:

**FILED** 

Mar 16 1998 8:00am

Secretary of State