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 #

(8)

FILED Jan 28 1998 8:00am Secretary of State

City & State City & State City & State City & State City & State City & State City & State Country City Country Country City Country Country City Country City Country Country Country City Country Countr	For icable nal
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1976 2. Principal Place of Business 2a. Makiling Address 4. FEI Number Sulke, Apt. #, etc. Sulke, Apt. #, etc. Sulke, Apt. #, etc. Sulke, Apt. #, etc. City & State City & St	icable nal
2. Principal Place of Business	icable nal
3. Date Incorporated or Qualified O9/01/1976 2. Principal Place of Business	icable nal
28. Mailing Address 28. Mailing Address 28. Mailing Address 59-1699690 Not Applied F 30 Suite, Apt. #, etc. Suite, Apt. #,	icable nal
Suite, Apt. #, etc. Suite, Ap	icable nal
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	nal ke
27 City & State City & City & State City & State City & C	Se S
City & State City & State & Country Cou	ie S
Trust Fund Contribution	s
Zip Country Zip Country Zip Country Site State of Current Registered Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent Street Address (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, 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 accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or penied name of registered agent and thin if Applicable (NOTE Registered Agent signature required when rehistering) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE MAME STROBLE, DANIEL V. 3568 BEAUCLERC ROAD 13 STROBLE, V. FAITH STROBLE, V. FAITH NAME STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 3568 BEAUCLERC ROAD JACKSONVILLE FL 24 City-51-2IP JACKSONVILLE FL 24 City-51-2IP JACKSONVILLE FL 25 STROBLE, V. FAITH 25 STROBLE, V. FAITH 26 STROBLE, V. FAITH 27 NAME 35780BEACCERC ROAD JACKSONVILLE FL 26 STROBLE ADDRESS 27 City-51-2IP 28 STROBLE, V. FAITH 28 STROBLE, V. FAITH 358 STROBLE ADDRESS 3588 BEAUCLERC ROAD JACKSONVILLE FL 25 STROBLE ADDRESS 26 STROBLE ADDRESS 26 STROBLE ADDRESS 27 City-51-2IP 28 STROBLE ADDRESS 28 STR	$\overline{}$
Personal Property Tax due June 30. Personal Property Tax due June 30. New Possible No. 9. Name and Address of Current Registered Agent STROBLE, DANIEL V. 1811 ATLANTIC BLVD. JACKSONVILLE FL 32207 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or profied name of registered agent and titin if applicable. (NOTF: Registered Agent signature required when reinstaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 14. CITY-ST-ZIP TITLE STROBLE, OANIEL V. 13 STREET ADDRESS 3568 BEAUCLERC ROAD 13 STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 23 STROBLE, V. FAITH 23 STROBLE, V. FAITH 24 NAME STROBLE, V. FAITH 25 NAME 26 City STROBLE, DANIEL F. 26 Change A City ST-ZIP Name 10. Name and Address of New Registered Agent BI Name 10. Name and Address of New Registered Agent BI Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 16. Change A City ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: 17. Change A City ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: ADDITIONS/CHANGES TO OFFICERS AN	
STROBLE, DANIEL V. 1811 ATLANTIC BLVD. JACKSONVILLE FL 32207 11. Pursuant to the provisions of Sections 607 0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis 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 abpointment as registe agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS TILLE PD DELETE 1.1 TITLE STROBLE, DANIEL V. 1.2 NAME STROBLE, DANIEL V. 1.3 SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 23 STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 23 STROBLE, V. FAITH 22 NAME STROBLE, V. FAITH 23 STROBLE, V. SATH 24 City-ST-ZIP JACKSONVILLE FL 25 Change A 25 STREET ADDRESS 3568 BEAUCLERC ROAD 25 STREET ADDRESS 3568 BEAUCLERC ROAD 25 STREET ADDRESS 3568 BEAUCLERC ROAD 26 City-ST-ZIP JACKSONVILLE FL JACKSONVILLE FL 27 City-ST-ZIP JACKSONVILLE FL 28 Change JACKSONVILLE FL 28 Change JACKSONVILLE FL 29 Change JACKSONVILLE FL 20 City-ST-ZIP JACKSONVILLE FL 20 City-ST-ZIP JACKSONVILLE FL 20 City-ST-ZIP JACKSONVILLE FL 30 City-ST-ZIP JACKSONVILLE FL 30 City-ST-ZIP JACKSONVILLE FL 30 City-ST-ZIP	
STROBLE, DANIEL V. 1611 ATLANTIC BLVD. JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 83 Pursuant to the provisions of Sections 607 0502 and 607.1506, 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Po	
1811 ATLANTIC BLVD. JACKSONVILLE FL 32207 B2 Street Address (P.O. Box Number is Not Acceptable) B3	=
JACKSONVILLE FL 32207 83 City FL 85 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 regis 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. AMAME STROBLE, DANIEL V. 12. NAME STROBLE, DANIEL V. 13. SIREET ADDRESS 3568 BEAUCLERC ROAD 13. SIREET ADDRESS 3568 BEAUCLERC ROAD 14. CITY - ST - ZIP ACKSONVILLE FL Change A City - ST - ZIP Change A City - ST - ZIP ACKSONVILLE FL 22. NAME STROBLE, V. FAITH 22. NAME STROBLE, V. FAITH 22. NAME STROBLES ASSONVILLE FL 24. CITY - ST - ZIP JACKSONVILLE FL 24. CITY - ST - ZIP CITY - ST - ZIP JACKSONVILLE FL 24. CITY - ST - ZIP	Į
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 regis 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE D Change A STROBLE, DANIEL V. 3568 BEAUCLERC ROAD 1.3 SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 2.1 TITLE STD DELETE 2.2 NAME STROBLE, V. FAITH 2.2 NAME STROBLE, V. FAITH 2.3 STREET ADDRESS STROBLE, V. FAITH 2.3 STREET ADDRESS STROBLE, V. FAITH 2.4 CHTY-ST-ZIP JACKSONVILLE FL 2.4 CHTY-ST-ZIP	
TILE PD DELETE 1.1 TITLE STD DELETE 1.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.2 NAME STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 3.5 STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 3.5 STREET ADDRESS 3.5 STREET ADDRE	\neg
TILE PD DELETE 1.1 TITLE STD DELETE 1.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.1 TITLE STD DELETE 2.2 NAME STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STROBLE, V. FATH STREET ADDRESS 3568 BEAUCLERC ROAD 1.5 CANDES STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 3.5 STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS 3568 BEAUCLERC ROAD 3.5 STREET ADDRESS 3.5 STREET ADDRE	
SIGNATURE Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
SIGNATURE Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	tered
SIGNATURE Signature, typed or profiled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	rea
Signature, hyped or printed name of registered agent and lift if applicable. (NOTE: Registered Agent signature required when reinsteting) 12.	- 1
TITLE PD DELETE 1.1 TITLE D STROBLE, DANIEL V. STREET ADDRESS 3568 BEAUCLERC ROAD 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE Change A STROBLE, V. FAITH 2.2 NAME STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP	
NAME STROBLE, DANIEL V. 12 NAME 13 STREET ADDRESS 3568 BEAUCLERC ROAD 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 17 ITILE 17 ITILE 17 ITILE 18 ITILE	
3588 BEAUCLERC ROAD	ddition
CITY-ST-ZIP	
TITLE STD DELETE 2.1 TITLE DELETE Change A NAME STROBLE, V. FAITH 22 NAME STREET ADDRESS JACKSONVILLE FL 2.3 STREET ADDRESS LITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP	ł
NAME STROBLE, V. FAITH 2.2 NAME STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 2.4 CITY-ST-ZIP	ddition
STREET ADDRESS 3568 BEAUCLERC ROAD 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY - ST - ZIP	70111111
CITY-ST-ZIP JACKSONVILLE FL 2.4CITY-ST-ZIP	- 1
	- [
NAME LANGLOIS, DEDICE S. 22NAME LANGLOIS, DEDICE S.	ddition
STREET ADDRESS 3938 English Colony Dr. N.	
CITY-ST-ZIP Jacksonville, Florida 32257	ſ
TITLE DELETE 4.1 TITLE Change A	ddition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	J
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change A	
NAME 5.2 NAME	ddition
STREET ADDRESS 5.3 STREET ADDRESS	1dition
CITY-ST-ZIP 5.4 CITY-ST-ZIP	ddition
TITLE DELETE 6.1 TITLE Change A	
NAME 62 NAME	ddition ddition
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	

indicated on this annual report or supplied with his time does not quality in the exemption stated in decidin 1 19.07(5)(f), Florida Statutes. Turting the thiofmatic 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 with an address.

SIGNATURE Dance of Soundary