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CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

10)

FILED Feb 16 1998 8:00am Secretary of State

1. Corporation		# 589 OPHIES, INC.		(2)			10000 0000 0000 0000 000			
Principal Plac	e of Busines	<u> </u>	Mailin	g Address	~		I TARITAL BATAN TARING SASAR THINK BLANK NAT	i erbii ələri əl		HI OLDIN KODI
1050 CASSAT AVE. 1050 CASSAT AVE.)			
	LLE FL 32205			KSONVILLE FL 3220	5		Į.			
							DO NOT WRITE I	IN THIS SP	ACE	···
ļ							3. Date Incorporated or Qualified			1
L	N			- No. 2 A - Lab - Lab			10/01/1978			
2. Principal F	Place of Busin	ness	h	alling Address			4. FEI Number			oplied For ot Applicable
21 Suite, Apt.	# etc		26]	ite, Apt. #, etc.	 		59-1845849		\$8.75	
22	, 0.0.		27	Mo. 1 qst 5101			5. Certificate of Status Desired		Fee Re	
City & Stat	te			ty & State			8. Election Campaign Financing		\$5.00	·
23			28				Trust Fund Contribution		Added 1	
Zip		Country	Zıj	p	Country	/	8. This corporation owes or has paid	the currer	nt year int	angible
24		25	29		30		Personal Property Tax due June 3			No
			Current Registers	ed Agent	_	·	10. Name and Address of New Reg	istered Ag	ent	
		WRENCE R.			81	Name				- 1
1027 S. EDGEWOOD AVE.					62	82 Street Address (P.O. Box Number is Not Acceptable)				
J/	ACKSONVIL	LE, FL. 32205			83	ļ.—				
					*3					
					84	City		FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 6	07.0502 and 607.	1508, Florida Statut	es, the abov	e-named c	orporation submits this statement for the pure ration's board of directors. I hereby accept	rpose of ch	nanging It	s registered
agent. La	registered ag am familiar wi	ith, and accept th	e obligations of, Sc	such change was a ection 607.0505, Fk	orida Statute	y the corpo s.	ration's board of directors, I hereby accept	тпе аррон	itment as	registered
SIGNATURE										
SIGNATURE	Clavel de Lavet		Tanadanan dalah mereka	ANY	C. Florida and Am	ant along the r	an Joseph Laborator Assignment Laborator	DATE		
<u></u>	Signature, lytied		sterned against and little if ap	<u> </u>		ent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND D	RECTOR	S IN 12
12.	Signature, lyped		sternd againt and little if ap RS AND DIRECTO	<u> </u>	E: Registered Ag 13. 1.1 TillE	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	IS IN 12
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44. 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 arrival 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 orripowored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

DONALD J. ROWE

(904) 786/8030