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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STA Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

603612

(3)

FILED Feb 05 1998 8:00am Secretary of State

| RUDY HERNANDEZ, PROF | | | | |
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| Principal Place of Business | Mailing Address | | 1 to be a series and the series to the state of the series | 311 01911 #1#11 4:211 01911 (84) |
| 720 NORTH OCEAN ST | 720 NORTH OCEAN ST | | | |
| JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 | | | DO NOT WRITE IN THIS | SPACE |
| | | | 3. Date Incorporated or Qualified | 30.702 |
| | | | 06/28/1972 | } |
| 2. Principal Place of Business | 2a, Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-1405079 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the c | |
| 24 25 | | 30 | Personal Property Tax due June 30. | Yes No |
| <u>~~</u> | of Current Registered Agent | 81 Name | 10. Name and Address of New Registered | a Agent |
| HERNANDEZ, RUDY | | l Name | | ļ |
| 720 N. OCEAN ST. | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| JACKSONVILLE FL 32202 | | 83 | | |
| | | 83 | | |
| | | 84 City | F | 85 Zip Code |
| 14 Pursuant to the provisions of Section | ne 607 0502 and 607 1508 Florida Statute | es the showe-named corr | | |
| office or registered agent, or both, in | the State of Florida. Such change was a | uthorized by the corporat | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | pointment as registered |
| agent. I am familiar with, and accept | t the obligations of, Section 607.0505, Flo | rida Statutės. | | |
| | _ | | | |
| SIGNATURE Signature, typed or printed name of | | | | |
| Signature, typed or printed name of | | . Registered Agent signature require | red when reinstating) DATE | |
| Signature, typed or printed name of | registered agent and title if applicable. (NOTE | . Registered Agent signature requir | | |
| Signature, typed or printed name of 12. OFFI | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS | . Registered Agent signature required: | red when reinstating) DATE | ND DIRECTORS IN 12 |
| Signature, typed or printed name of the state of the stat | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS | E. Registered Agent signature requirements. 1.1 TITLE | red when reinstating) DATE | ND DIRECTORS IN 12 |
| 12. OFFI 17 | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | red when reinstating) DATE | ND DIRECTORS IN 12 |
| 12. OFF | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | E. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME | red when reinstating) DATE | ND DIRECTORS IN 12 |
| 12. OFFI 17 | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| 12. OFFI 17. | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| 12. OFFI 11TLE PD HERNANDEZ, RUDY 720 N OCEAN STREE CITY-ST-ZIP JACKSONVILLE, FL (TILE TS NAME CLINE, ARDIS P. 720 N. OCEAN ST. STREET ADDRESS CLINE, ARDIS P. 720 N. OCEAN ST. | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| 12. OFFI 12. OFFI 17. ITILE | registered agent and title if applicable. (NOTE ICERS AND DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| 12. OFFI | registered agent and title if explicable. (NOTE ICERS AND DIRECTORS DELETE EET 00000 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
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| TILE PD HERNANDEZ, RUDY 720 N OCEAN STREET ADDRESS GITY-ST-ZIP JACKSONVILLE, FL 1 TS CLINE, ARDIS P. 720 N. OCEAN ST. GITY-ST-ZIP JACKSONVILLE FL 1 TMLE NAME STREET ADDRESS GITY-ST-ZIP JACKSONVILLE FL 1 TMLE NAME STREET ADDRESS STR | registered agent and title if explicable. (NOTE ICERS AND DIRECTORS DELETE EET 00000 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
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| TITLE Signature. typed or printed name of the | registered agent and title if explicable. (NOTE ICERS AND DIRECTORS DELETE EET 00000 DELETE DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE | red when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
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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 indicated on this annual report or supplemental annual report is true and occurate 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 these emporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, and attachment with a supplemental annual report of the corporation or the receiver or these emporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

HED

CIGNATURE:

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