SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 603771

(7)

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Suite, Apt. #, etc.	10/24/1972
Suite, Apt. #, etc. 22 27 57 57 58 5	4. FEI Number Applied For 59-1417404 Not Applicable
City & State City & Country Zip Country Registered Agent City	40.77
City & State Zip Zip Zip Country Zip Separate P. Name and Address of Current Registered Agent TURNER,DAVID D 1142 WYNDEGATE DR ORANGE PARK FL 32073 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature. Speed or printed name of registered spent and title if applicable. ITILE NAME STREET ADDRESS CITYST-ZIP TITLE DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITYST-ZIP TITLE NAME 3.3 STREET ADDRESS CITYST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITYST-ZIP TITLE NAME 3.3 STREET ADDRESS CITYST-ZIP TITLE NAME 3.4 CITYST-ZIP TITLE AMME 3.3 STREET ADDRESS CITYST-ZIP TITLE AMME 3.4 CITYST-ZIP 1.5 TITLE 3.5 TITLE 3.4 CITYST-ZIP TITLE AMME 3.3 STREET ADDRESS CITYST-ZIP TITLE AMME STREET ADDRESS CITYST-ZIP TITLE AMME STREET ADDRESS CITYST-ZIP TITLE AMME STREET ADDRESS CITYST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME	5. Certificate of Status Desired \$8.75 Additional Fee Required
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Zip Country Zip Country 25 30	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30	8. This corporation owes or has paid the current year intangible
9. Name and Address of Current Registered Agent TURNER, DAVID D 1142 WYNDEGATE DR ORANGE PARK FL 32073 82 Street Address (I 83 84 City 11. Pursuant to the provisions of sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. NAME TURNER, DAVID D 112 NAME STREET ADDRESS CITY-ST-ZEP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE DELETE 5.1 TITLE S2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZEP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE S2 NAME	Personal Property Tax due June 30. Yes No
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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 chapter or or an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

8-30-98

FILED

Sep 10 1998 8:00am

Secretary of State