## 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 # 628593

(6)

FILED	
Apr 22 1998 8:00am	ì
Secretary of State	

Principal Place 1301 RIVERPL #2529 JACKSONVILL US	HIRCLIFF GROUP, INC.  e of Business  ACE BLVD.	Mailing Address 1301 RIVERPLACE BLVD. #2529 JACKSONVILLE FL 32207 US		DO NOT WRITE IN TO O7/02/1979  4. FEI Number	
21 Principal Fr	GOO Of Districts	2a, Mailing Address		59-1917146	Not Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7 <sub>(p)</sub>	Country	8. This corporation owes or has paid the	current year Intangible  X Yes  No
24	9. Name and Address of Curi		30	Personal Property Tax due June 30.  10. Name and Address of New Register	
FR	ANKLIN, JOHN H		81 Name	IV. Commercial Commerc	
STE JAC	01 RIVERPLACE BLVD E <b>#2529</b> CK <b>SO</b> NVILLE FL 32207		83 84 City	dress (P.O. Box Number is Not Acceptable)  rporation submits this statement for the purposation's board of directors. I hereby accept the	85 Zip Code
SIGNATURE	CD .	AND DIRECTORS  DELETE	Tegistered Agent signature requests.  1.1 TITLE	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADORESS	SHIRCLIFF, ROBERT T 1301 RIVERPLACE BLVD., JACKSONVILLE FL	#2529	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ACUSOIANITE LT	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addi
NAME	FRANKLIN, JOHN H.		2.2 NAME		C Overige C Noon
STREET ADDRESS	1301 RIVERPLACE BLVD.,	#2529	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CITY-ST-ZIP		
TITLE	VD	☐ DELET€	3.1 TITLE		Change Add
NAME	SISISKY, RICHARD L.	#0500	3 2 NAME		
STREET ADDRESS	1301 RIVERPLACE LBLVD., JACKSONVILLE FL	# CUCO	3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	WINDVITRILLE FL	DELETE	3.4. CITY-ST-ZIP		Change Addi
NAME		beccie	4. 2 NAME		E Sugado E Van
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		

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 13 if changed, or on an attachment with an address.

d leader are