FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

May 05, 1999 8:00 am Secretary of State

05-05-1999 90121 015 ***150.00

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Principal Place of Business Mailing Address 4838 HIGHWAY AVENUE JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	191 G IRII 1881
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE	
08/31/1979	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number App	lied For
21 20 20 27	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Rec	
City 8 State E Election Compaign Financing \$5.00	
City & State City & State 6. Election Campaign Financing 55.00 Trust Fund Contribution Added to	
Zip Country Zip Country 8. This corporation owes the current year Intangible	
	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
Name 81 Name	ł
MCLELLAND, NORMAN WAYNE 4838 HWY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
LACK CONTRACT FOR COORE	
JACKSONVILLE PL 32205	
84 City FL 85 Zip C	ode
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	egistered
11. Pursuant to the provisions or Sections out, 1902 and 607, 1906, Florida Statutes, the above-latitude Carporation's board of directors. I hereby accept the appointment as regardent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	12(6160
Signature, typed or printed name of registered agent and time if approache.	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE PTD DELETE 1.1 TITLE Change	RS IN 12
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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 suppliemental 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 of 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 on an attachment with an address, with all other like Ampowered.

SIGNATURE:

CITY-ST-ZIP