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 #

(U)

FILED Jun 29 1998 8:00am Secretary of State

1. Corporation WILS	ON FINANCIAL CORPORATI	ION		I IOONA ONIN OIDU ONIN ONIN O	AND ANNI BURNI BURNI BURNI BURNI BURNI BURNI BURNI	
	· •					
· ·	ce of Business	Mailing Address		A LAGINA GINIA BOINI MOIGH GIRM IM	Die Die Bebit diete Greit Greit Gidit 1661	
PO BOX 19	ORT P KY. #100 030 ÷	7800 BELLFORT PKY. + PO BOX 19030	#100			
JACKSONVI	JACKSONVILLE FL 32247-7529 JACKSONVILLE FL 32247-7529			DO NOT WRITE IN THIS SPACE		
U\$ US				3. Date incorporated or Qualified		
6 6 3 3 3 3	7			03/25/1980		
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Apt.	# elc	Suite, Apt. #, etc.		59-2006064	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Sta	te :	City & State		6. Election Campaign Financing		
23	28			Trust Fund Contribution	Added to Fees	
Ž ip	Country	Zıp	Country	8. This corporation owes or has	s paid the correct year Intangible	
24	25	29	30	Personal Property Tax due J	une 30. 🔀 Yes 🔲 No	
	9. Name and Address of Curre		01 No	10. Name and Address of New	Registered Agent	
KIRSCHNER, MAIN, PETRIE, GRAHAM & TANNER				TOLLAND KNIYNT	-	
ONE NDEPENDENT DR			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	SUITE 2000 JACKBONVILLE FL 32202					
Ų.	ONOUTVILLE FL 32202		83			
	*		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Section 107,0502 and 607,1508, Florida Statutes, the above-named coroffice or registered agant, or ban, if the state of Florida. Such change was authorized by the corpora agent. I am familiar will add a court be obligations of Section 607,0505, Florida Statutes.				poration submits this statement for the	ne purpose of changing its registered	
office or a	registered agent, (ir bah, in the State am familiar with and arcondine blid	e of Florida. Such change was	authorized by the corporat	ion's board of directors. I hereby ac	cept the appointment as registered	
SIGNATURE	Chille La Valley	- Cotina	T. MALCOLI	m Graham	1. May	
	Signature, typed or printed name of registered as	port and talle it applicable. (NO	IE: Registored Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
NAME	WILSON, J. STEVEN	U DILLETE	1.1 TITLE		Change Addition	
STREET ADDRESS	7800 BELLFORT PKY, #100) }	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	ACKSONVILLE FL		1.4 CITY-ST-ZIP			
TITLE	V	DELETE	21 TELE		Change Addition	
NAME	WILSON, COURTNEY SAND	S	2.2 NAME			
STREET ADDRESS	7800 BELFORT PKWY.		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP			
TITLE	VAS	DELETE	3.1 TITLE		Change Addition	
NAME	KIRSCHNER, KENNETH M.	000	3.2 NAME			
STREET ADDRESS	ONE INDEPENDENT DR #2	W	3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL VAS	DELETE	3.4. CITY-ST-ZIP		A CONTRACTOR OF THE CONTRACTOR	
TITLE NAME	\$ALEM, EDWARD B	L. Vetere	4.1 TITLE	F	Change	
STREET ADDRESS	7800 BELFORT PKWY #100	1	4, 2 NAME			
CITY-ST-ZIP	ACKSONVILLE FL	•	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	. 1		
TITLE	VP	DELETE	5.1 TITLE	Muschan V/-	Change Addition	
NAME	Ö RAY, CATHERINE J		5.2 NAME	ישאקייקי / א ישאקייקי		
STREET ADDRESS	7800 BELFORT PKWY 100		5.3 STREET ADDRESS	•		
CITY-ST-ZIP	ACKSONVILLE FL		5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	6000 00,25 -07/01/3801	76916 WA	
STREET ADDRESS	= 1 V		6.3 STREET ADDRESS		J11035 人だ [
CITY-ST-ZIP	·		6.4 CITY-ST-ZIP	***150.00		
14. I hereby o	ertiful that the information cumplied u	with this filing dose not qualify to	or the everentian plated in S	Section 110 07/9)(i) Floride Statutes	and developing a position of the state of th	

r nevery verify that the information supplied with this tiling 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 as upplemental 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 empoyeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if grianged, or on an attachment with an address.