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 #

1. Corporation Name 697750 (8)

FILED Feb 06 1998 8:00am Secretary of State

	M. AKEL)., P.A.				-							
Principal Plac		55			ailing Address					}				
953 LANE AVENUE 953 LANE AVENUE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205														
										DO NOT WRITE IN THIS SP.	VCE	<u>,</u>		
										3. Date Incorporated or Qualified				
Principal P	Blace of Bur	inocc		2a, Mailing Address						08/01/1981 4. FEI Number				
Principal Place of Business Susant					26					59-2110657	1	Applied F		
Suite, Apt. #, etc.					Suite, Apt. #, etc.							Not Appli 5 Addition		
22					27					5. Certificate of Status Desired Fee Required				
City & State					City & State					6. Election Campaign Financing \$5.00 May Be				
23	<u> </u>				28					Trust Fund Contribution Added to Fees				
Z ip	Country			Į,	Zip Coun			,		8. This corporation owes or has paid the current year Intangit			о [
24	· 	25		29		30				Personal Property Tax due June 30.		_ No		
			Address of Current	Regis	lered Agent		81	Name		10. Name and Address of New Registered Ag	nt			
	(EL, GARY						°'	Name						
953 LANE AVE SOUTH JACKSONVILLE FL 32205							82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
JA	CKOUNVIL	עב דנ	. 32205				83	<u>-</u>						
							84	City		FL	85 Z	ip Code		
11 Pursuant	to the provis	sions o	Sections 607 0502	and 6	07 1508 Florida Statul	es the al	hove	l	Leorno		angin	a its reals	tered	
office or r	registered a	gent. c	or both, in the State of	Flori	da. Such change was a I, Section 607.0505, Flo	uthorize	d by	the co	poratio	oration submits this statement for the purpose of chan's board of directors. I hereby accept the appoin	tment	as registo	ored	
, ,	uri iburinlar w	viuri, am	o accept the onigat	OHS O	i, 30000 607.0005, FR	oriua otai	utes	s.					- 1	
SIGNATURE	Signature, typio	d or print	ed name of registered agent	and litte	Papplicable (NOII	Hegistere	d Age	ni signatur	r: required	Owhen reinstating) DATE				
12.			OFFICERS AND	DIFE		13.				ADDITIONS/CHANGES TO OFFICERS AND D			2	
TITLE	DP				☐ DELETE	1.1 ()	TLF				Chang	je □A	2 Addition	
NAME	AKEL, GARY M					1.2 N	1.2 NAME		Ì					
STREET ADDRESS	IACKECANALIE EL ANAMA				1.3 \$1			1.3 STREET ADDRESS][
CITY-ST-ZIP	JACKSONVILLE, FL 00000							T-71P	ļ					
TITLE]				DELETE	2.1 1				L	Chang	je LJA	Addition S	
NAME						2.2 N/								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP TITLE					DELETE	3.111		SI-ZIF	 		Chang	. TTA	ddition	
NAME					L. DETER	3.1 H				L	ominy	~ L/	uomon	
STREET ADDRESS						- 1		ADDRESS						
CITY-ST-ZIP								31 - ZIP					- 1	
THLE					DELETE	4.1 1			1		Chang	e A	ddition	
NAME	!					4 2 N			1				1	
STREET ADDRESS						4 3 51	HEET	ADDRESS						
CITY-ST-ZIP						4.4 Ci	1Y - S	1 - ZIP						
TITLE					DELETE	5.1 [1	ILE		T		Chang	e A	ddition	
NAME						5.2 NA								
STREET ADDRESS						5381	REET	ADDRESS						
CITY-ST-ZIP						5.4 CI	1Y · \$1	1- <i>7</i> IP						
TITLE					DELETE	6.1 11	ILF				Chang	ie 🔲 🗖	ddition	
NAME						6.2 N/	ME							
STREET ADDRESS						6.3 \$1	HEFT	ADDRESS					-	
CITY-ST-ZIP				-10 -7		6.4 CI					. 41			
14. I nereby c	centry that th	ic infor	mation supplied with	this t	iling does not qualify fo	т тре өхс	mpt	uon stat	ea in Si	ection 119.07(3)(i), Florida Statutes. I further certif	≀ ınat t	ne intorm	ation	

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 or illustrate the second this required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an incluses.

SIGNATURE:

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