## SINESS REPORT

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FILED Apr 27, 2000 8:00 am Secretary of State 02-29-2000 90153 044 \*\*\*\*61.25

| ipai Flace of Business   |  |                            |  |                                       |  |                                    |                               |  |
|--|--|----------------------------|--|---------------------------------------|--|------------------------------------|-------------------------------|--|
| BEACH BLVD.  | 8101 BEACH BLVD.<br>JACKSONVILLE FL 32216-3134 |                            |  |                                       |  |                                    |                               |  |
| ncipal Place of Business   | 3. Mailing Address                             |                            |  |                                       |  |                                    |                               |  |
| No Ant II oto  |  | DO NOT WRITE IN THIS SPACI |  |                                       | .,   | Prest (EE                          |                               |  |
| ite, Apt. #, etc. Suite, Apt. #. etc.  |  |                            |  |                                       |  |                                    |                               |  |
| ty & State   | City & State                                   | City & State               |  | 4. FEI Number 59-6168976              |  | <del></del>                        | Applied For<br>Not Applicable |  |
| Country Zip  |  | Country                    |  | 5. Certificate of Status Desired      |  | \$8.75 Addi                        | tional                        |  |
| 6. Name and Address of Currer  | nt Registered Agent                            |                            |  | 7. Name and A                         | ddress of New Registered                                       |                                    |                               |  |
| •  |  | Name                       | CORI   |                                       | THERINE  |                                    |                               |  |
| DE, ABE  |  | Street Ac                  | ddress (P.C                                      | O. Box Number                         | s Not Acceptable)  | <del></del>                        |                               |  |
| i6 Martinique RD<br>Cksonville FL 32216  |  | 3006                       |  | KSONVIUE FL Zip Code                  |  |                                    |                               |  |
|  |  | City J                     | ACKS   | SONUIU                                | Ē FL   | Zip Code                           | 216                           |  |
| e above named entity submits this statement  | for the purpose of changing its re             | egistered office or        | registered                                       | d agent, or both,                     | in the state of Florida.                                       |                                    |                               |  |
| 1011 - 11  | 9  |                            |  |                                       | 11 10  | 7 700                              |                               |  |
| Signature, typed or printed name of registered age   | ent and tills if applicable (NOTE:             | Registered Agent signatu   | ure required wh                                  | hen reinstating)                      | February DATE  | 200                                | 2_                            |  |
|  |  |                            |  |                                       |  |                                    |                               |  |
| FILE NOW:  | 9. Election Campaign                           |                            |  | May Be                                | Make Check   | -                                  | ,                             |  |
| FEE IS \$61.25   | Trust Fund Contribu                            | gion.                      | Added t  | to Fees                               | Departmen  | it or State                        |                               |  |
| OFFICERS AND   |  | 11.                        | T  | DDITIONS/CHA                          | NGES TO OFFICERS AND D   |                                    |                               |  |
| DY<br> Medie, abe  | Delete   | TITLE<br>NAME              | CORE   | Y, CATHO                              | PLINE  | Change                             | Addition                      |  |
| 1016 MARTINQUE RD  |  | STREET ADDRESS             | 300 (  | 6 CROSBY                              | 1 lane   |                                    |                               |  |
| JACKSONVILLE FL 32216  |  | CiTY-ST-ZIP                |  |                                       | 2, FL 32216  | Change                             | <b>X</b> Addition             |  |
| s<br>(Shahood, Helen   | Delete   | TITLE<br>NAME              | D-VP<br>COKEY                                    | ,<br>1, THOMAS :                      | s. 1II   | E cuande                           | Andition                      |  |
| 935 PARK FORREST LN  |  | STREET ADDRESS             | 4043   | 3 WINDSOR                             | PARK DRIVE EAST  |                                    |                               |  |
| JACKSONVILLE, FL 00000   |  | CITY-ST-ZIP                |  | sorvius, 1                            | L 32224  | ☐ Change                           | Addition                      |  |
| PD<br>COREY, RONALD  | ☐ Delete                                       | TITLE<br>NAME              | GEDA   | GE KOREY                              |  | ☐ Olkilde                          | <b>∠</b> ZĮ ∧oditioti         |  |
| 7817 BAGLEY HOLLOW CT  |  | STREET ADDRESS             |  |                                       | ast street   |                                    |                               |  |
| JACKSONVILLE FL  |  | CITY-ST-ZIP                | 57.  | AUGUST                                | NE, FL 32095   | ☐ Change                           | Addition                      |  |
| FS<br>MASHOUR, MARY  | ☐ Delete                                       | TITLE<br>NAME              |  |                                       |  | LL CHAIGE                          | L.J Mobileon                  |  |
| 8104 MONTASONTA AVE  |  | STREET ADDRESS             |  |                                       |  |                                    |                               |  |
| ST ZIP JACKSONVILLE FL   |  | CITY-ST-ZIP                | <del>                                     </del> |                                       |  |                                    | <u> </u>                      |  |
| D<br>Yazji, Kamal  | Delete   | NAME                       | ·  | •                                     |  | Change                             | Addition                      |  |
| 807 INT'L VILLAGE DR   |  | STREET ADDRESS             |  |                                       |  |                                    |                               |  |
| ST ZIP JACKSONVILLE FL   |  | CITY-ST-ZIP                | <u> </u>   |                                       |  |                                    |                               |  |
|  | ☐ Delete                                       | TITLE<br>NAME              |  |                                       |  | Change                             | Addition [                    |  |
| - Ammenda  |  | STREET ADDRESS             |  |                                       |  |                                    |                               |  |
| ST ZIP   |  | CITY-SI-ZIP                |  |                                       |  |                                    |                               |  |
| I hereby certify that the information supplied   | with this filing does not qualify for          | r the exemption st         | ated in Sec                                      | ction 119.07(3)(<br>same legal effect | i), Florida Statutes. I further of as if made under oath: that | certify that the<br>I am an office | information<br>r or director  |  |
| of the corporation or the receiver of trustee e changed, or on an attachment with an addre | mpowered to execute this report                | as required by Ch          | napter 617                                       | , Florida Statute                     | s; and that my name appear                                     | s in Block 10 o                    | r Block 11 if                 |  |
| Changed, or on an adactiment with an address   | AL ATAL AND ANTO LOCAL                         | ·                          | 1  | 11 3                                  | 100 9047   | 7.1 CZ 1                           | 20                            |  |
| CHATURE: SOM   | OR PRINTED NAME OF SIGNING OFFICER             |                            | a7   | 7-00                                  | Date Care  | Daytime Phone #                    |                               |  |
| SIGNATURE AND TYPED  | TO LUMBER WANT OF SIGNING OFFICER              | ON PRINCIPAL               |  |                                       | 50.0   |                                    |                               |  |