FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 765263

Corporation Name

JACKSONVILLE ALCOHOLICS BENEVOLENT ASSOCIATION, INC.

Principal Place of Business 3645 SPRING PARK RD JACKSONVILLE FL 32207 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3645 SPRING PK RD JACKSONVILLE FL 32207

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

26

27

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90082 021 ****61.25

* 4 78858 - 90082 - 21 * *

Applied For

\$8.75 Additional

Not Applicable



3. Date Incorporated or Qualifed

10/01/1982

59-2288753

4. FEI Number

Zip Country Zip Country Zip Country St.00 May Ba 25 29 30 30 Country St.00 May Ba Added to Fees St.00 May Ba Addition St.00 May Ba St.00 May Ba Addition St.00 May Ba Addition St.00 May Ba St.00 May Ba Addition St.00 May Ba A	23		28						J. Certificate of Status) Desired		Fee Rec	luired
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name BAILEY, ROBERT 3671 CEDAR DR JACKSONWILLE FL 32207 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the adversary of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of directors. I hereby accept the appointment as registered agent, and the internal agent ag		Country	1-01	Zip		Country			6. Election Campaign	Financing		\$5.00	May Be
BAILEY, ROBERT 3671 CEDAR DR 3671 CEDAR DR 3671 CEDAR DR 3671 CEDAR DR 3682 Street Address (P.O. Box Number is Not Acceptable) 88	24	25	29		30	<u> </u>							Fees
BALLEY, ROBERT 3671 CEDAR DR JACKSONVILLE FL 32207 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 City FL 85 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip C		9. Name and Address of C	urrent Regis	stered Ager	nt			1	Name and Address	ss of New F	Registered	Agent	
3871 CEDAR DR JACKSONVILLE FL 32207 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept th						81	Name						
387 CEDAR OR JACKSONVILLE FL 32207 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oligipations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the oligipations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the oligipations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statute of horida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statute of horida. Statutes, and a statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statute of horida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with a statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent. I am familiar with a statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered after the provision of sections and registered with nitritions. Date of the appointment as registered directors. I hereby accept the appointment as registered after the appoint	BAILEY, ROBERT						Street	Address	(P.O. Box Number is	Not Accepta	able)		
JACKSONVILLE FL 32207 Sa													
### City FL 85 Zip Code ### City FL 85 Zip													
17. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to mit familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, I am familiar with, and accept the obligations of Section Statutes, I am familiar with, and accept the obligations of Section Statutes, I am familiar with and accept the obligations of Section Statutes, I am familiar with and accept the obligations of Section Statutes, I am familiar with and accept the obligations of Section Statutes, I am familiar with and accept the obligations of Section Statutes, I am familiar with and accept the obligations of Secti	0.10.10011					84	City					85 Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby such the exploitation is registered agent, the marrial mith. In a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE BAILEY, ROBERT A STREET ADDRESS CITY-ST-ZP JAX, FL 00000 DELETE 2.1 TITLE D DELETE 1.3 STREET ADDRESS 3.1 STREET ADDRESS CITY-ST-ZP JAX, FL 00000 DELETE 2.1 TITLE D Change Addition Addition CITY-ST-ZP JAX, FL 00000 DELETE 3.1 TITLE D Change Addition Addition Addition CITY-ST-ZP JAX, FL 00000 DELETE 3.1 TITLE D Change Addition Addition CITY-ST-ZP JAX, FL 00000 DELETE 3.1 TITLE Change Addition CITY-ST-ZP JAX, FL 00000 DELETE 3.1 TITLE D Change Addition Addition CITY-ST-ZP JAX, FL 00000 DELETE 3.2 NAME 3.3 STREET ADDRESS 3.3 LITY ST-ZP ACKSONVILLE FL DELETE 5.1 TITLE D Change Addition Addition Addition Addition Addition Addition Addition ACKSONVILLE FL DELETE 5.1 TITLE D Change Addition Addition Addition Addition ACKSONVILLE FL DELETE 5.1 TITLE Change Addition Addition ADDRESS ACTITY-ST-ZP ACKSONVILLE FL DELETE 5.1 TITLE Change Addition Addition ADDRESS ACTITY-ST-ZP ACKSONVILLE FL Change Addition Addition ADDRESS ACTITY-ST-ZP ADDRE							•						
Signature, hybod or primad rame of registered agent and title if applicable. (NOTE Registered Agent segurative required whan initiating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	office or r	egistered agent, or both, in the S	State of Flori	da. Such ch	ange was autho	orizea by	tne corpo	corporation's	tion submits this stater board of directors. I h	nent for the ereby accer	purpose of ot the appoi	changing its r ntment as reg	egistered istered
12. OFFICERS AND DIRECTORS TITLE BAILEY, ROBERT A STREET ADDRESS ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 CITY-ST-ZIP JAX, FL 00000 DELETE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 President Change Addition President Change Addition CITY-ST-ZIP JAX, FL 00000 DELETE 1.1 TITLE D DELETE 2.1 TITLE 1.2 TITLE 2.2 NAME 1.3 STREET ADDRESS 3.6 Y S S P P N G Addition Change Addition Change Addition Addition Change Addition Addition Change Addition	SIGNATURE			If a alleable	(A)OTE, Day	ulatared Agan	t sionatura n	manufacturing	en reinstation)		DATE		
TITLE NAME BAILEY, ROBERT A STREET ADDRESS 4236 VICTOR ST 1.3 STREET ADDRESS 1.4 STREET ADDRESS 1.5 Spring RACHY-ST-ZP JAX, FL 00000 DELETE 2.1 TITLE NAME NAME NAME NAME WALSH, THOMAS J. STREET ADDRESS 1823 HOLLY OAKS LK. RD. 22 NAME 22 NAME 22 NAME VILCOX, C PAUL STREET ADDRESS 563 UNIV BLVD N 3.4 STREET ADDRESS 563 UNIV BLVD N 3.4 STREET ADDRESS 3.2 I CESERY BLVD TITLE D DELETE 4.1 TITLE VICE - President Addition Addition Addition Addition Addition Addition Addition Addition Addition TITLE D DELETE 4.1 TITLE VICE - President Addition ADELETE ATTITUTE D Change Addition ADELETE ATTITUTE ACKSONVILLE FL DELETE ALCHY-ST-ZP JACKSONVILLE FL DELETE B.1 TITLE ALCHY-ST-ZP ACKSONVILLE FL DELETE ALCHY-ST-ZP ACKSONVILLE FL DELETE B.3 STREET ADDRESS B.4 CITY-ST-ZP ADDRESS ACKSONVILLE FL Change Addition Addition Addition ADDRESS ACKSONVILLE FL Change Addition Addition ADDRESS B.4 CITY-ST-ZP ADDRESS B.5 CITY-ST-ZP ADDRESS B.5 CITY-ST-ZP ADDRESS B.5	12	<u> </u>			(NOTE: NA		r Bigilatuse ii	required win	ADDITIONS/CHANG	SES TO OF		ID DIRECTOR	RS IN 12
NAME STREET ADDRESS A 2236 VICTOR ST JAX, FL 00000 DELETE STREET ADDRESS STREET ADDR			S AND DIN		DELETE			2	One of the t				
CITY-ST-ZIP JAX, FL 00000 DELETE DELETE Change Addition		•		_				70	ahard S	vede	۵		•
CITY-ST-ZIP JAX, FL 00000 DELETE DELETE Change Addition							ADORESS	1 2	1614010	Park	Rd.		
TITLE D DELETE 21 TITLE 22 NAME WALSH, THOMAS J. 22 NAME STREET ADDRESS 1823 HOLLY OAKS LK. RD. 22 STREET ADDRESS 24 CITY-ST-ZIP JAX, FL 00000 DELETE 31 TITLE D Change Addition NAME WILCOX, C PAUL 32 NAME STREET ADDRESS 563 UNIV BLVD N 33 STREET ADDRESS 563 UNIV BLVD N 34. CITY-ST-ZIP TITLE P D DELETE 41 TITLE STREET ADDRESS 322 1 CESERY BLVD 42 NAME STREET ADDRESS 322 1 CESERY BLVD 44. CITY-ST-ZIP JAX, FL 00000 TITLE D DELETE 52 NAME 52 NAME 53 STREET ADDRESS 54. CITY-ST-ZIP JACKSONVILLE FL DELETE 51 TITLE 52 NAME 51 STREET ADDRESS 55 STREET A								34	~ E(.				
WALSH, THOMAS J. STREET ADDRESS CITY-ST-ZIP JAX, FL 00000 DELETE O DELETE STREET ADDRESS STREET ADDRES					DELETE		1-ZIF	1 -0.				Change	☐ Addition
TITLE D DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE ADDRESS CITY-ST-ZIP JAX, FL 00000 DELETE 3.1 TITLE DELETE ADDRESS CITY-ST-ZIP JAX, FL 00000 DELETE 4.1 TITLE P DELETE 4.1 TITLE DELETE ADDRESS 3.3 STREET ADDRESS 5.3 ST		_		_		•							
JAX, FL 00000 JAX, FL 00000 JAME JAME JAME JAX, FL 00000 JAX, FL			,				ADDRESS						
TITLE D NAME WILCOX, C PAUL STREET ADDRESS 563 UNIV BLVD N 31 STREET ADDRESS 563 UNIV BLVD N 32 NAME 33 STREET ADDRESS 563 UNIV BLVD N 34. CITY-ST-ZIP NAME ESTES, WAYNE STREET ADDRESS 3321 CESERY BLVD CITY-ST-ZIP JACKSONVILLE FL D DELETE 1 TITLE D STREET ADDRESS ST													
NAME NAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ACITY-ST-ZIP NAME ESTES, WAYNE STREET ADDRESS 3321 CESERY BLVD A3 STREET ADDRESS 3321 CESERY BLVD A4 CITY-ST-ZIP A4 CITY-ST-ZIP NAME BENEDIX, TED STREET ADDRESS CITY-ST-ZIP NAME BENEDIX, TED 11940 OLD ACOSTA RD 11940 OLD ACOSTA RD TILLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS A CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS A CITY-ST-ZIP NAME STREET ADDRESS A CITY-ST-ZIP NAME STREET ADDRESS A STREET ADDRESS A CITY-ST-ZIP A DELETE					DELETE		1-21					Change	Addition
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE STREET ADDRESS STREET ADDRE		7		_	,								
STREET ADDRESS TITLE P NAME ESTES, WAYNE STREET ADDRESS 3321 CESERY BLVD Addition Addition STREET ADDRESS 3321 CESERY BLVD CITY-ST-ZIP JACKSONVILLE FL DELETE DELETE DELETE STREET ADDRESS 11940 OLD ACOSTA RD TITLE NAME STREET ADDRESS 11940 OLD ACOSTA RD TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP DELETE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition Change CHANGE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHANGE CHANG						-	ADDDESS						
TITLE P NAME ESTES, WAYNE STREET ADDRESS 3321 CESERY BLVD 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 3 32.1 Cesery Blvd 4.4 City-st-zip 5.1 title D NAME 8ENEDIX, TED 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 11940 OLD ACOSTA RD CITY-ST-Zip JACKSONVILLE FL DELETE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-Zip TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-Zip TITLE NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-Zip TITLE NAME 5.3 STREET ADDRESS 5.4 CITY-ST-Zip TOTAL ST-Zip T								1					-
NAME STREET ADDRESS 321 CESERY BLVD GITY-ST-ZIP JACKSONVILLE FL D DELETE STREET ADDRESS A4 CITY-ST-ZIP MAME SENEDIX, TED STREET ADDRESS 11940 OLD ACOSTA RD TITLE NAME STREET ADDRESS TITLE DELETE S1 TITLE S1 STREET ADDRESS 5.4 CITY-ST-ZIP Addition Change CHAddition CHANGE STREET ADDRESS S1 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S3 STREET ADDRESS S4 CITY-ST-ZIP ABBERT LIGHTES ABBERT LIGH					DELETE		1-211	710	E-Presiden	7		Change	Addition
CITY-ST-ZIP JACKSONVILLE FL TITLE DAY. F Addition STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL		·		_							1	_	
CITY-ST-ZIP JACKSONVILLE FL TITLE DAY. F Addition STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL TOTAL ADDRESS 6.4 CITY-ST-ZIP TOTAL	_	15					ADDRESS	3 3 3	1Cosery R	luck			
TITLE D DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS STREET ADDRE								1	E (•••			
NAME STREET ADDRESS 11940 OLD ACOSTA RD 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ADDRESS CITY-ST-ZIP 5.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.5 TREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TREET ADDRESS 6.5 STREET ADDRESS 6.5 CITY-ST-ZIP 6.5 STREET ADDRESS 6.				_] DELETE			- Cerx				Change	Addition
STREET ADDRESS 11940 OLD ACOSTA RD 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.7 TITLE Change Addition CTY-ST-ZIP 6.4 CITY-ST-ZIP 7.5 CITY-ST-ZIP 7.6 CITY-ST-ZIP 7.7 CITY-ST-ZIP 7.7 CITY-ST-ZIP 7.8 CITY-ST-ZIP		_		_									
CITY-ST-ZIP JACKSONVILLE FL DELETE 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 5.7 CITY-ST-ZIP 5.7 CITY-ST-ZIP 5.8 CITY-ST-ZIP 5.9 C						5.3 STREE	ADDRESS	3					
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE Free Surviv Change Cha	-					5.4 CITY-S	T-ZIP						
NAME 52 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 67 TAPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP		JACKSUNVILLE FL			DELETE			To	er Surest.	·	_	☐ Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 7.5 T-ZIP 7.5 T-ZIP 7.5 T-ZIP 7.5 T-ZIP				-	-	6.2 NAME		Ali	sect Mahle	<u>.</u> S		-	
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP							ADDRESS	21	67 Larsen	Pa.			
				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				1.	~ F(3	550.	7		
	14. I hereby	pertify that the information suppli	ed with this	filina does n	ot qualify for th			d in Sec	tion 119.07(3)(i), Florid	la Statutes.	I further ce	rtify that the in	formation

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 informatic 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26,1999

904 / 31 // 74 Paytime Phone # R2E037 (11/98)