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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90030 017 \*\*\*150.00

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Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1. Corporation Name

5105	Bowden R	oad
Jacks	sonville,	Florida
32216	Ś	

P.O. Box 16595 Jacksonville, Florida 32245-6595

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

59-2043490

5. Certifcate of Status Desired

6. Election Campaign Financing

July 1989

4. FEI Number

23		28				Trust Fund Contribution	on	Added	to Fees
Zip	Country-	Zip —	Coun	ıtry	=	8. This corporation owes	s the current year		<del></del>
24	25	29	30			Personal Property Ta	x	[24Yes	□No
9	Name and Address of Current	Registered Agent				10. Name and Address	of New Registere	ed Agent	
CT Corno	ration System		-	81 N	lame				
1200 South Pine Island Road			82 Street Address (P.O. Box Number is Not Acceptable)						
Plantation, Florida 33324									
riantati	on, riorida 55524		[1	83					
			-	84 C	ity			. 85 Zip	Code
				<u> </u>	····y		F		Code
11. Pursuant to th	e provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the ab-	ove-na	med corpor	ation submits this statemer	nt for the purpose	of changing its	registered
office or regist	tered agent, or both, in the State o miliar with, and accept the obligati	of Florida. Such change ions of. Section 607.050	was authorized ( 05. Florida Statut	by the tes.	corporation	's board of directors. I here	by accept the app	pointment as re	gistered
SIGNATURE	, ,	.,	,						
	ature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	gent sig	nature required v	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES	S TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE		☐ DELE	1.1 TITL	E	C			Change	<b>X</b> Addition
NAME			1.2 NAV	¶E	0.9	svaldo Marchant	te		
STREET ADDRESS			1.3 STR	EET ADO	RESS 22	277 NW 14th St	reet		
CITY-ST-ZIP			1.4 CITY	-ST-ZIF	] _M:	iami, Florida	33125		
TITLE		☐ DELE	TE 2.1 TITL	E	V,	/T		Change	☐ Addition
NAME			22 NAM	1E	н	. P. Littlefiel	Ld		
STREET ADDRESS			2.3 STR	EET ADI	RESS 51	lO5 Bowden Road	1		
CITY-ST-ZIP			2. 4 CIT	Y-ST-Z	_ Ja	cksonville, Fi	lorida 322	216	
TITLE	<del>-</del>	☐ DELE	TE 3.1 TITU	Ę				Change	☐ Addition
NAME			3.2 NAM	E	1	_			
STREET ADDRESS			3.3 STRI	EET ADD	PRESS				
CITY-ST-ZIP			3.4. CITY	r-ST-ZW	.				
TITLE		☐ DELE	TE 4.1 TITU	E				☐ Change	Addition
NAME			4, 2 NAM	4E	(				
STREET ADDRESS			4.3 STRE	EET ADD	RESS				
CITY-ST-ZIP			44 CITY	-ST-ZIP					
TITLE		☐ DELE	TE 5.1 TITLE	E				☐ Change	Addition
1					ı				

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 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 607. 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.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND DIFFED OF PRINTED PARKE OF SIGNING OFFICER OR DIRECTOR

DELETE

<u>April 30, 199**4** (904) 730-420</u>

Change

Addition

CR2E034 (11/98)