

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
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90018 050 ***150.00

DOCUMENT # P74596
1. Corporation Name
6601 CORPORATION

Principal Place of Business
4250 Lakeside Drive
Suite 208
Jacksonville, FL 32210
US

Mailing Address
P O Box 22
Ortega Station
Jacksonville, FL 32210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/26/1982

4. FEI Number
59-2200758

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

Helmick, Jr., John P.
4250 Lakeside Drive #208
Jacksonville, FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> DELETE
NAME	Brown, Lila B.
STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	VD <input type="checkbox"/> DELETE
NAME	Helmick, John P., Jr.
STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	ASVD <input type="checkbox"/> DELETE
NAME	Brown, Barret
STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	AV <input type="checkbox"/> DELETE
NAME	Helmick, Marc A.
STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	AVS <input type="checkbox"/> DELETE
NAME	Helmick, Claudette
STREET ADDRESS	4250 Lakeside Drive #208
CITY-ST-ZIP	Jacksonville, FL 32210
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Barret Brown **3/22/99** **954/389-7344**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)