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

PROFIT CORPORATION

Sandra B. Mortham

	JAL REPORT 1998		./	cretary of State OF CORPORATIONS	Secretary	of St	tate
	MENT # Name TITLE SERVIC	F78176 ES OF TALLAH	· /			NAMENTALIAN SIJAN SIJAN	<u> </u>
Principal Place	n of Business		Mailing Address				//I \$104 IBU
Principal Place of Business 1400 METROPOLITAN BLVD.			1400 METROPOLITAN BLVD.				
TALLAHASSEE FL 32308			TALLAHASSEE FL 32308				
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified 04/28/1982		
2. Principal P	lace of Business		2a. Mailing Address		4. FEI Number	lAr	oplied For
21			26		59-2189041		ot Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired		Additional
22			27				equired
City & State	9		City & State		6. Election Campaign Financing	\$5.00	
Zip		ountry	28 Zip	Country	8. This corporation owes or has paid the contribution		to Fees
24	25	,	29	30	Personal Property Tax due June 30.		No No
		ddress of Current			10. Name and Address of New Registere	d Agent	
	ADDILL, JOHN B			81 Name			
	00 METROPOLIT			82 Sizer Ade	dress (P.O. Box Number is Not Acceptable)		
TA	llahassee fl	32308		No.			
			$\cap l \nu$	VI VI			
			(3/1/	64 City	F	85 Zip (Code
						L i !	
11. Pursuant	to the provisions of	Sections 607.0502	and 607,1508, Florida St	tatutes, the above-named co		of changing it	s registered
11. Pursuant to office or re	to the provisions of egistered agent, or many with an	Sections 607.0502 both, in the State of	and 607.1508, Florida S F Horida, Such change v	tatute, the above-named co		of changing it ppointment as	ls registered registered
	to the provisions of egistered agent, or m langillar with, and	Sections 607.0502 both, in the State of Laccept the obligation	and 607.1508, Florida S I Florida Such change v gus of, Section 607.0505	taluts, the above-named co yal authorized by the corpora Florida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing it ppointment as	ts registered registered
SIGNATURE	to the provisions of egistered agent, or m lamiliar with, and Signature, byted or protect	one of registerna agent.	and title if applicable	(NOTE Hingistored Agent signature req	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a /	-98	
SIGNATURE	Significant Signed or promo-	- 2 1	ano title if applicable DIRECTORS	(NOTE Fingistored Agent signature req	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	PTVD	OFFICERS AND	and title if applicable	(NOTE Engistared Agent signature req. 13. 1.1 TITLE	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a /	-98	
SIGNATURE 12. TITLE NAME	PTVD WADDILL, JO	OFFICERS AND	ano title if applicable DIRECTORS	(NOTE Ringistored Agent signature req. 13. 1.1 TITLE 1.2 NAME	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a /	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PTVD WADDILL, JO 3321 ROBINI	OFFICERS AND	ano title if applicable DIRECTORS	(NOTE Engistored Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a /	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	PTVD WADDILL, JO	OFFICERS AND	ano title if applicable DIRECTORS	(NOTE Engistored Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a /	ND DIRECTOR	RS IN 12
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14. Thereby 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 suppliemental 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 attribute twith an address.

SIGNATURE:

SIGNATURE

1-5-98 850 +212200

FILED

Feb 10 1998 8:00am