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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F9400002051 (0)

FILED Apr 24 1998 8:00am Secretary of State

City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	\$8.75 Fee F \$5.00 Added the current year III O Yes Istered Agent	Applied For Not Applicable Additional Required May Be d to Fees Intangible No
Suite, Apt #, etc. 22 Stite D 23 Port Orange FC, 28 State 24 32 19 25 USA 29 32 1 9 30 USA 30 USA 30 Personal Property Tax due June 30 Personal Property Tax due June 30 Personal Property Tax due June 30 Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 11, Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Street Address (P.O. Box Number is Not Acceptable 607.0505, Florida Statutes. The above-named corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Street Agent signature required when reinstating) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE 1.1 TITLE NAME BLACKBURN SR, JOHN H STREET ADDRESS STREET ADDRESS	\$8.75 Fee F \$5.00 Added the current year In 30. Yes letered Agent	Additional Required May Be d to Fees Intangible No
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Q. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable 83 B4 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur 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 to agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SUnature, typed or printed ment of registered agent and title of application (NOTE Registered Agent signature required when reinslating) 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE PC DELETE 1.1 TITLE NAME BLACKBURN SR, JOHN H STREET ADDRESS 1.3 STREET ADDRESS	estered Agent FL 65 Zip	
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STREET ADDRESS 6.3 STREET ADDRESS	Change	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Change	

indicated on this annual report or supplied war his ming does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report as required 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.

Deboran Blackburn

(904)74-6181