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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

F9400005389 (1)

KOFFE	E KUHNEH ING.				
Principal Place	e of Business	Mailing Address		- I ISONOGO USES IDIGII BUBIN BANIN BANIN DONN DANI	I MATAL BINDA INIAN IANNA IANS IANS
1262 BEACH BLVD 1262 BEACH BLVD					
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL			L 32250	50 4107 1110175 11171	UO 00405
				DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				10/17/1994	
<u> </u>		2a. Mailing Address		4. FEI Number	Applied For
21		26		91-1625504	Not Applicable \$8.75 Additional
	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Regulred
City & State		City & State		S. Clastics Compaign Financing	\$5.00 May Be
<u></u>		<b>├</b> ──		Election Campaign Financing     Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes SNo
27	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
PUTHOFF, JEFF 81 Name Puth att Teff					
				and (P.O. Box Number is Not Acceptable)	
APT 284			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NEPTUNE BEACH FL 32266			83		
,,,,	STONE DESCRITE GEEGG				
			84 City	eksonisile F	L 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.					
1					
SIGNATURE	Signate a set or printed name of registered ag	ent and (the if applicable (NOTE	Bogistered Agent signature require	ed when reinstating) DA1	( /// )
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PCS	DELETE	1.1 TITLE	رفي ري چين	Change
NAME	PUTHOFF, JEFF		1.2 NAME	that left	
STREET ADDRESS	1100 SEAGATE AVE APT 28	34	1.3 STREET ADDRESS 2	131 hecos way	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	}	1.4 CITY-ST-ZIP	acksonville FL-3	2246
TITLE		DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 City - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZiP			4.4 CHTY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 oddress.

4-21-58

9n4-206.8275