

5-6-98 B 6576 C

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F99315** (6)
1. Corporation Name
A.M.D. OF JACKSONVILLE CORP.



Principal Place of Business 937 BULKHEAD RD GREEN COVE SPRINGS FL 32043 US	Mailing Address 937 BULKHEAD RD GREEN COVE SPRINGS FL 32226 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9865 HECKSCHER DR		2a. Mailing Address 26 9865 HECKSCHER DR		3. Date Incorporated or Qualified 09/14/1982
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2300480
City & State 23 JACKSONVILLE FL		City & State 28 JACKSONVILLE FL 32226		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32226	Country 25 USA	Zip 29 32226	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent DALY, ALEXANDER M. 937 BULKHEAD RD GREEN COVE SPRINGS FL 32202				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent DALY, ALEXANDER M. 937 BULKHEAD RD GREEN COVE SPRINGS FL 32202				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	9865 HECKSCHER DRIVE
				83	
				84 City	JACKSONVILLE FL
				85 Zip Code	32226

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 _____ Signature: typed or printed name of registered agent and filled if applicable (N/A) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, ALEXANDER M.	1.2 NAME	
STREET ADDRESS	937 BULKHEAD RD	1.3 STREET ADDRESS	9865 HECKSCHER DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32226
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE **4-7-98**

CR2E034 (10/97)