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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 10 1998 8:00am Secretary of State

DOCU 1. Corporatio JUST	MENT Name SO, INC.	#	G1411	6							
		нти		% CURTIS (Mailing Address * Curtis Cushman 10141 Leisure Lane South Jacksonville FL 32256			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
}								12/20/1982	,		}
2. Principal P	lace of Busi	ness		2a. Mailing Address				4. FEI Number			plied For
21 Suite, Apt	# ptc			26 Suite Apt	Suite, Apt. #, etc.			59-2263283			t Applicable
22	w, 0 (0.			27				5. Certificate of Status Desired	1 1	Fee Re	Additional autred
City & Stat	е				City & State			6. Election Campaign Financing			May Be
23				28				Trust Fund Contribution		Added t	
Zip		——	untry	Zip	}_	Countr	У	8. This corporation owes or has			
24	9 Name	25	Idress of Currer	29 11 Registered Ager		30		Personal Property Tax due Ju 10. Name and Address of New I			No
10 JA	USHMAN, () 141 LEISU ACKSONVIL	re lan Le fl :	NE SOUTH 32256	2 and 607.1508, Fi	orida Statutes	81 82 83 84 84	Street /	dress (P.O. Box Number is Not Accept	FL 85	1	
office of r agent. I a SIGNATURE				of Florida, Such ch ations of, Section 60 ant and little if applicable				progration submits this statement for the ation's board of directors. I hereby acc	DATE	ient as i	registered
12.	signature, typec	o printed	`	D DIRECTORS	(NOTE: 1	13.	ent signature	ADDITIONS/CHANGES TO OF		ECTOR	S IN 12
TITLE	DS		····		DELETE	1.1 TITLE				Change	☐ Addition
NAME			OROTHY B			1.2 NAME	į				[
STREET ADDRESS			HE LANE S			1.3 STREE	t address				
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TITLE	-				DELETE	3.1 TITLE	<u> </u>			Change	Addition
NAME						3.2 NAME	}				}
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NAME						6.2 NAME	ĺ				†
STREET ADDRESS						6.3 STREET	T ADDRESS				ļ
CITY-ST-ZIP						6.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filling 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 or an attachment with an address.

MATURE 1 1- Pauli Survis Secure AV - Paul 4/2/90 914-141-152