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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G28354

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Principal Plac	o of Busines				lailing Addres										IBIA BIBIA BIB		
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6255 MERRILL RD. 6255 MERRILL RD. SUITE B																	
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277										DO NOT WRITE IN THIS SPACE							
us us										3. Date Incorporated or Qualifed							
											03/17/198	3					
2. Principal Place of Business 21 Suite, Apt. #, etc.					2a. Mailing Address					1	4. FEI Number				Applied		
				26	Suite, Apt. #, etc.						26-6724297				Not Applicable \$8.75 Additional		
22 Suite, Apt.	. #, etc.		•	27	Suite, Apt.	#, etc.				5.	Certifcate of S	Status Desir	ed 🗌	1) Additio Require	1
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Zip			Country		Zip		Count	ry		8.	This corporati	on owes the	current y	ear Int	angible		
24		25		29			30				Personal Prop	erty Tax.			Yes		· _]
	9. Name	and	Address of C	urrent Regis	stered Agen	t				10.	Name and A	ddress of N	lew Regis	stered	Agent		
000	MACHIA DI	AL AID					8	11 1	Name								į
)ggins, D/						8	12 5	Street Ad	dress (P.	O. Box Numb	er is Not Ac	ceptable)				
	5 MERRILL		20011				L										
JAU	KSONVILLE	: FL	32211				8	3									
							8	4 (City				 -	FL	85 Zi	Code	
11. Pursuant	to the provis	sions	of Sections 60	7 0502 and 6	07 1508 Flo	rida Statut	es the aho	VA-D	amed co	rnoration	submits this s	statement fo	r the num		changing i	ts regist	tered
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agent. I a							uthorized b rida Statute	y the es.	e corpora			s. I hereby a			ntment as	registeri	
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SIGNATURE	Signature, typeo		ted name of registe		if applicable.	(NOTE	uthorized b rida Statute Registered Ag	y the es. gent sig	e corpora	uired when rei			C	RS AN	ID DIRECT	rors in	N 12
SIGNATURE 12. TITLE	Signature, types	d or prin	ted name of registe	red agent and title	if applicable.		uthorized brida Statute Registered Ag 13.	y the es. gent sig	e corpora	uired when rei	instating)		C	RS AN	ntment as	rors in	
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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, with all other like empowered.

SIGNATURE: