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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H68353

RICHARD P. GLEMANN C.P.A. P.A.

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FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1130 N 4TH STREET UNIT 3 1130 N 4TH STREET UNIT 3 JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/26/1985 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2561077 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GLEMANN, RICHARD P. 1130 N 4TH STREET UNIT 3 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 City 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. **SIGNATURE** Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DFLETE Change Addition TITLE 1.1 TITLE GLEMANN, RICHARD P. 1.2 NAME 1130 N 4TH ST UNIT 3 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE □ DELETE Change Addition 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE Change 6.1 TITLE 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

4/22/98

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