DOCUMENT # H70184 WS PROPERTIES, INC. migral Place of Busines Mailing Address * J. STECH WISON Togal Place of Busines * J. STECH WISON Togal Place of Busines * J. STECH WISON Steck VIR NON * J. STECH WISON Steck Apt R, etc. 26 Steck Apt R, etc. 27 Yer State Steck Apt R, etc. Steck Apt R, etc. 27 Chry & State Steck Apt R, etc. Steck Apt R, etc. 27 Chry & State Steck Apt R, etc. Steck Apt R, etc. 27 Steck Apt R, etc. 27 Biologic Apt R, etc. 28 Steck MS Apt R, etc.<	PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPART Kathering Secretary DIVISION OF CC	e Harris of State		FILE May 05, 199 Secretary 0 05-05-1999 90170 0	9 8:0 of Sta	
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Image and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILSON, J. STEVEN 7800 BELFORT PKWY JAX FL 32256 11. Name Presuent to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the provisions of charging its registered agent. Iam tamble: with and accept the duigations of section 807 6508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Iam tamble: with and accept the duigations of agetaata agent. Iam tamble: with and accept the duigation of agetaata agent. Iam tamble: with and accept the duigation of agetaata agent. Iam tamble: with and accept the duigation of agetaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of a getaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of a getaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of a getaata agent. Iam tamble: with a duigation of a getaata agent. Iam tamble: with a duigation of agetaata agent. Iam tamble: with a duigation of a duitata agent. Iam tamble: with a duigation of a duitata agent. Iam tamble: with a duitata agent.			· ~		4			KI No
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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 cath; that I am an annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an annual report of the true anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats in the same legal effect as if made under caths anneats anneats in the same legal effect as if made under caths anneats anneats in the same legal effect as if made under caths anneats anneats in the same legal effect as if made under caths anneats anneats in the same legal effect as if made under the same anneats in the same legal effect as if the same same same same same same same sam	office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE Signature, typed or printed name of r OFF E DP WILSON, J. STEVEN 7800 BELFORT PKWY 7-ST-ZIP JAX FL 32256 E VPT GRAY, CATHERINE J AEET ADDRESS 7800 BELFORT PKWY 7800 BELFORT PKWY 7800 BELFORT PKWY AST-ZIP JACKSONVILLE FL 32 E S ME BLUNT, L A 7800 BELFORT PKWY JACKSONVILLE FL 32 E A ME KEET ADDRESS Y-ST-ZIP E ME KEET ADDRESS	the State of Florida. the obligations of, S registered agent and the if ap ICERS AND DIRECT (. (. (. (. (. (. (. (. (. (. (. (. (.	Such change was aut ection 607.0505, Florid FORS	s, the abox horized by ja Statute togistered Age 13. 1.1 ITTLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 ITTLE 2.3 STREI 3.1 ITTLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 ITTLE 4.2 NAME 5.3 STREI 5.3 STREI 5.3 STREI 5.3 STREI 6.1 ITTLE 6.2 NAME 6.3 STREI 6.3 STREI 6.3 STREI	er ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	oporation submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTO Change Change Change Change Change	s registered agistered ORS IN 12 Addition

4/28/99 (904) 201-2200 Date Daytome Phone #