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PROFIT CORPORATION ANNUAL REPORT

1999

**DOCUMENT # H79201** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90025 043 \*\*\*150.00

1. Corporation								
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Principal Plac	ce of Business	Mailing Address			1 14020015 0191 (00)0 (4	1148 HB11 48181 HB1 818	** ***** ***** ****	,,,, 0,011 1881
2110 HERSCH	EL ST	PO BOX 10264						
JACKSONVILLI	E FL 32204	JACKSONVILLE FL 32247-0264	ļ		201	OT MORE IN T	UD PDACE	
US		US				OT WRITE IN TH	IIS SPACE	<del></del>
					3. Date Incorporated or	Qualifed		
1					10/03/1985 4. FEI Number			plied For
	Place of Business	2a. Mailing Address			59-2580097			t Applicable
21		26 Suite, Apt. #, etc.			38 2300081	<u> </u>		
	t. #, etc. 🛫 🚉 🚚 🕝 🔩 🚤 🗻 👊	27		=	5. Certificate of Status D	esired 🗀 🗆	Fee Re	quired
City & Sta	210	City & State			6. Election Campaign Fi	nancing	\$5.00	May Re
23	10	28			Trust Fund Contribution	- 13	Added t	
Zip	Country	Zip	Country		8. This corporation owes		Intangible	
24	[25]	29 30	<u>.</u>		Personal Property Ta	· ·	Yes	□No
24	9. Name and Address of Current		·		10. Name and Address		ed Agent	
			81	Name	·			1
	.RD, IRENÉ B.		82	Street Addr	RENE B. Press (P.O. Box Number is No	t Accentable)	<del></del>	
		30x 10264_	62	Sileer Addi	73 ARCADI	A DR.		
<del>- JAC</del>	CKSONVILLE FL 32207 JACK	SONUILLE, FL	83	-				
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		<u> ,</u>	84	City		F	L	<del>297024</del>
11. Pursuan	t to the provisions of Sections 607.0502	and 607,1508. Florida Statutes.	the above	a-named com	oration submits this statemen	nt for the purpose	of changing its	registered
				e-lienied coip				
office or	registered agent, or both, in the State o	of Florida. Such change was auth	iorizea by i	the corporation	on's board of directors. I here	by accept the ap	pointment as re	gisterea
agent. I	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was auth	iorizea by i	the corporation	on's board of directors. I here	воу ассері іне ар	pominiment as re-	gistered
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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

SIGNATURE AND TYPETTOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPETTOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

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