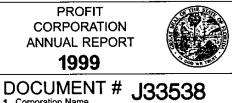
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90064 017 ***150.00

Mailing Address	(100%)) O control of the street control of the street of
C/O CECILIA BRYANT 1400 PRUDENTIAL DR #7 JACKSONVILLE FL 32207	DO NOT WRITE IN THIS SPACE
	C/O CECILIA BRYANT 1400 PRUDENTIAL DR #7

					3. Date Incorporated or Qualifed 09/16/1986	
		2a. Mailing Address			4. FEI Number Applied For	
	ace of Business	\vdash			59-2848179 Not Applicable	
21		Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt.:	#, etc.	27			5. Certificate of Status Desired	
City & State	е	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible	
24	25	29 30	30		Personal Property Tax.	
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				10. Name and Address of New Registered Agent	
			81	Nan	ame	
BRYA	BRYANT, CECILIA		100	82 Street Address (P.O. Box Number is Not Acceptable)		
1400	PRUDENTIAL DR #7		02	82 Street Address (P.O. Box Number is Not Acceptable)		
JACK	(SONVILLE FL 32207		83			
•			84	City	ty FI 85 Zip Code	
			45	J		
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		(NOTE: Pa	aintered Acc	nt cionat	sature required when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	in signat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OFFICERS A	DELETE	1.1 TITLE		Change Addition	
	BRYANT, CECILIA		1.2 NAME			
NAME	4339 ORTEGA FOREST DR.		1.3 STREE	T ADDDE	DECC	
STREET ADDRESS			1			
CITY-ST-ZIP	JACKSONVILLE FL	□ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP	Change Addition	
TITLE			ł			
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE			
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change	
TITLÉ		□ DECE IE	3.1 TITLE			
NAME	-		3.2 NAME			
STREET ADDRESS	·		3.3 STREE			
CITY-ST-ZIP	1.5		3.4. CITY-	ST-ZIP	Change Addition	
πŒ		☐ DELETE	4.1 TITLE		Change [] Mouldon	
NAME			4. 2 NAME			
STREET ADDRESS		•	4.3 STREE	T ADDRE	RESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP_		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition .	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADORI	RESS	

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 althorher like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP