PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	# J35433
1 Corporation Name	000.00

MLI OF JAX, INC.

Principal Place of Business

Mailing Address

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90012 007 ***550.00



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2. Principal Place of Business 2. A Mailing Address 3.00 2.00 5.00	6033 BEACH BL JACKSONVILLE		8048 W NEW HAVEN AVE MELBOURNE FL 32901 US		DO NOT WRITE IN THIS SP. 3. Date Incorporated or Qualifed 09/29/1986	ACE
27 20 20 25 26 27 28 27 28 27 27 28 27 28 27 28 27 28 27 28 27 28 27 28 28	2. Principal Pl	ace of Business	2a. Mailing Address			Applied For
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City & State City	Suite, Apt.		Suite, Apt. #, etc.			
20	City & State		L	ne FL	1	
NOWLIN, MICHAEL A. 12715 CORMORANT COVE LANE JACKSONVILLE FL 32257 82 Signet Address (P O. Biox Number is Not Acceptable) 33 ACCEPTANCE STATE Of the provisions of Sections 607 0502 and 807 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes 350 ACCEPTANCE STATE OF THE PROVISION OF THE P	Zip	Country			Personal Property Tax.	Yes No
NOWLIN, MICHAEL A 12715 CORMORANT COVE LANE JACKSONVILLE FL 32257 84 City Melbor nice FL 85 Zip Code JC 985 Ville 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 agent. and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Significant 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 of the state of directors. I hereby accept the appointment as registered of the state of the		9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	ent
11. Pursuant to the provisions of Sections 607 5052 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of implatered agent and stee of sportation. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP NAME NOWLIN, MICHAEL A. 12715 CORMORANT COVE LAN JACKSONVILLE FL V DELETE 14 TITLE V DELETE 14 TITLE V DRANGE PARK FL 1750 P APAYA DRIVE WEST DRANGE PARK FL DELETE 1750 P APAYA DRIVE WEST DRANGE PARK FL DELETE 18 TITLE DRANGE 18 TITLE DRANGE PARK FL DELETE 19 TITLE DELETE 19 TI	1271	5 CORMORANT COVE LANE		82 Street 20	Address (P.O. Box Number is Not Acceptable)	25 Zip Code 3 290 Y
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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: