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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 17 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # J3693		-			1811 81811 81811 81811 81811 81811 1981
Principal Place of Business 4461 ST JOHNS AVE JACKSONVILLE FL 32210		Mailing Address 1660 PRUDENTIAL DRIVE SUITE #203				
US		JACKSONVILLE FL 32207			DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
					10/06/1986	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2734490	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	0	City & State			6. Efection Campaign Financing	\$5.00 May Be
23	*	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Ζφ	Country		8. This corporation owes or has paid t	the current year Intangible
24	25		30		Personal Property Tax due June 30	
	Name and Address of Curr	ent Registered Agent	81	Namo	10. Name and Address of New Regis	tered Agent
	ock, f.r. 80 prudential dr					
	ITE 203		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32207			83			
			84 (Dity		85 Zip Code
				•		FL
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida, Such change was a igations of, Section 607.0505, Flo	uthorized by th irida Statutes.	e corpo	orporation submits this statement for the purp ration's board of directors. I hereby accept the equired when reinstating)	ne appointment as registered
12.	OFFICERS AND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICER	
τοιέ :	PD IONES STUADT	DELETE	1.1 TITLE		PD	Change Addition
NAME	JONES, STUART 140 GOVERNORS ST.		1.2 NAME	- 1	UONES, STUART	
STREET ADDRESS	GREEN COVE SPRINGS FL		1.3 STREET ADDRESS		3931 MEADOWVIEW DR N VACKSONVILLE FL 32	22 C
CITY-ST-ZIP	CHECH COTE OF HINGS I'E	DELETE	1.4 City - ST - Z 2.1 Title	P (VACKSONVICE FL 320	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD	DRESS		
CITY-ST-2IP			2 4 CHY-ST-	ZIP		
THILE	DELETE		3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD			
CITY-ST-ZIP	· DELETE		3.4. CITY - ST - ZIP 4.1 TITLE			Change Addition
I TITLE NAME	Ditti		4 2 NAME			Change Modifion
STREET ADDRESS			4.3 STREET AD	UBY 26		
CITY-ST-ZIP			4.4 CITY-ST-Z	, l		
TITLE	DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADI	DRESS		
CITY-ST-ZIP		*	54 CITY-S1-2	IP .		
THILE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AD	DRESS 1		

14. I hereby certily 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