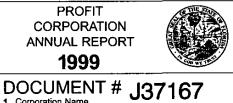
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

CITY-ST-ZIP-



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90095 001 ***150.00

HAIK CO	RP.							
ļ						† 1000 HOLD 2008 PHAN (0000 HERD CHAN (28) 014)	(8) (1) 6) (1) (1) (1)	
								
Principal Place	e of Business .	Mailing Address					,	
275 RAVINE STR 275 RAVINE STR								
JACKSONVILLE FL 32206 JACKSONVILLE FL 32206						DO NOT WRITE IN TH	IS SPACE	
US US						3. Date Incorporated or Qualifed		
						10/01/1986		
2 Principal D	face of Business	2a, Mailing Address				4. FEI Number		Applied For
	lace of business	26				NOT APPLICABLE		Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					Additional
22	#1, <u>#1, #1, #1, #1, #1, #1, #1, #1, #1, #1, </u>	~ 	27			=5.7 Certificate of Status Desired		Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	5 29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registere	d Agent	
			į	81	Name			
BAREDIAN, ARTHUR H.				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
1	RAVINE STR							
JACF	(SONVILLE FL 32206			83				ļ
				84	City	F	85 Zip	Code
44 Dumunt	to the provinces of Sections 607 050	2 and 607 1508. Florida Statute	OVE	e-named coroo	ration submits this statement for the nurnose	of changing it	ts registered	
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 Signature trood or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	SD OFFICERS AN	DELETE	1.1 TII	? F		ADDITIONS/CTANGES TO OFFICERS	☐ Change	
TITLE	BAILEY, JAMES		1.2 NA					_
NAME	1530 GEMINI CT		•		T ADDRESS			1
STREET ADDRESS	ORANGE PARK FL		•					ļ
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE			Change	e 🔲 Addition
			2.2 NA					
NAME	DATEDIAN, ATTION		1	2.3 STREET ADDRESS				
STREET ADDRESS	JACKSONVILLE FL	. Same was a second	2.4 CI			and the state of t	- ' - -	· · · · ·
CITY-ST-ZIP			3,1 717		1-21		Change	e 🔲 Addition
NAME	BAILEY, LINDA SUSAN		3.2 NA	ME	1			-
STREET ADDRESS	1530 GEMINI COURT				TADDRESS			[
CITY-ST-ZIP	ORANGE PARK FL		3.4. CI					
TITLE			4.1 TI3				☐ Change	e 🔲 Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	T ADDRESS			ł
CITY-ST-ZIP			4.4 CI	Y-S1	T-ZIP			
TITLE		☐ DELETE	5.1 Tf1	LÉ			☐ Change	e 🔲 Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	TADORESS			
CITY-ST-ZIP			5.4 CI	Y-S1	T-ZIP		=··-	, , , , , , , , , , , , , , , , , , ,
ΠΙΕ		☐ DELETE	6.1 TT	LE			Change	e 🔲 Addition
NAME 355	Company Company		6.2 NA	ME	İ			}
STREET ADDRESS	100	•	6.3 ST	REET	TADDRESS			1

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.

6.4 CITY-ST-ZIP

SIGNATURE: /

CR2E034 (11/98)

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