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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J48289

(9)

COLE, STONE, STOUDEMIRE & MORGAN, P.A.

## **FILED** Mar 20 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                               |                    |  |             |               | I (MRISTA MITT BIRD) SATIO LIBAL SALLA SALLA BIRDI ALBEN |  |  |
|---|-------------------------------|--------------------|--|-------------|---------------|--|--|--|
| % ROBERT A. COLE<br>76 SO LAURA STREET 1700<br>JACKSONVILLE FL 32202  |                               |                    | % ROBERT A. COLE<br>76 SO LAURA STREET 1700<br>JACKSONVILLE FL 32202 |             |               |  | DO NOT WRITE IN THIS SPACE   |  |
| U\$   |                               | U\$                |  |             |               |  | 3. Date Incorporated or Qualified  |  |
| a Drive aire at D   | land of Divisions             |                    | iling Address  |             |               |  | 12/19/1986<br>4. FEI Number Applied For  |  |
|   | lace of Business              | 26. 1918           | ming Address   |             |               |  | 59-2748399 Not Applicable  |  |
| Suite, Apt.   | # etc.                        |                    | ite, Apt. #, etc.  |             | -             |  | S8.75 Additional   |  |
| 22  | ,, 0.0.                       | 27                 | າ ່  |             |               |  | 5. Certificate of Status Desired Fee Required  |  |
| City & State  | 9                             |                    | City & State   |             |               |  | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23  |                               | 28                 |  |             |               |  | Trust Fund Contribution Added to Fees  |  |
| Žip   | Country                       | Zıp                | >  | <del></del> | untry         |  | 8. This corporation owes or has paid the current year intangible   |  |
| 24  | 9. Name and Address of Curren | 29 <br>  Bosisters | ri Amont   | 30          | 7             |  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |  |
|   |                               | ır mefistere       | o Agent  |             | B1            | Name   |  |  |
|   | LE, ROBERT A.                 |                    |  |             |               |  |  |  |
| 76 SOUTH LAURA STREET SUITE 1700  |                               |                    | 6  |             |               | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |
|   | CKSONVILLE FL 32202           |                    |  |             | В3            |  |  |  |
|   |                               |                    |  |             | 84            | City   | 85 Zip Code  |  |
|   |                               |                    |  |             | 1 1           | •  | <b>FL</b>   1   1  |  |
| 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE   |                               |                    |  |             |               |  |  |  |
| 12.   | OFFICERS AN                   |                    |  | 13.         | d Age         | - K alg latore i   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE   | DT                            |                    | DELETE   | 1.1 T       | ITLE          |  | Change Addition  |  |
| NAME  | STONE, WILLIAM T.             |                    |  | 1.2 N       | IAME          |  |  |  |
| STREET ADDRESS  | 76 SO LAURA STREET, SUIT      | E 1700             |  | 1.3 S       | TREET         | ADDRESS  |  |  |
| CITY+ST-ZIP   | JACKSONVILLE FL               |                    |  | 1.4 0       | ITY-S         | T-ZIP  |  |  |
| TITLE   | DS                            |                    | DELETE   | 2.1 T       | ITLE          |  | Change   |  |
| NAME  | COLE, ROBERT A.               |                    |  | 2.2 N       | IAME          |  |  |  |
| STREET ADDRESS  | 76 SO LAURA STREET, SUIT      | E 1700             |  | 2.3 S       | TREET         | ADDRESS  |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL               |                    |  | _           | CITY-S        | T-ZIP  | Observed To Deleterate   |  |
| TITLE   | DP                            |                    | ☐ DELETÉ   | 3.1 T       |               |  | Change Addition  |  |
| NAME  | STOUDEMIRE, RICHARD M.        | C 4200             |  | 3.2 N       |               |  |  |  |
| STREET ADDRESS  | 76 SO LAURA STREET, SUIT      | E 1700             |  |             |               | ADDRESS  |  |  |
| CITY-ST-ZIP   | JACKSONVILLE FL               |                    | DELETE   | _           | OITY - S      | iT-ZIP   | Change Addition  |  |
| TITLE   | MORGAN, MARY N                |                    | m nereit   | 4.1 T       |               |  |  |  |
| NAME  | 76 S. LAURA STREET, SUITE     | 1700               |  |             | NAME<br>TOCKY | ADDRESS  |  |  |
| STREET ADDRESS  | JACKSONVILLE FL               | . 1700             |  |             |               | ADDRESS  |  |  |
| CITY-ST-ZIP   | V                             |                    | DELETE   | 5.1 T       | ITY-S         | 1-ZIP  | Change Addition  |  |
| TITLE   | JOHNS, THEODORE M             |                    | A DICTION  |             | IAME          |  |  |  |
| NAME<br>CTOCCT ADODECC  | 76 S LAURA ST SUITE 1700      |                    |  |             |               | ADDRESS  |  |  |
| STREET ADDRESS  | JACKSONVILLE FL               |                    |  |             | ITY-S         | 1  |  |  |
| CITY-ST-ZIP<br>TITLE  | ALIANILIMPP I P               |                    | DELETE   | 6.1 T       |               | j- £II   | Change Addition  |  |
| NAME  |                               |                    |  | 6.2 N       |               |  |  |  |
| STREET ADDRESS  |                               |                    |  |             |               | ADDRESS  |  |  |
| CITY-ST-ZIP   |                               |                    |  |             | ITY-S         | 1  |  |  |
|   |                               |                    |  |             |               |  | the Arman Art Application of the Arman and t |  |

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 informatio 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.