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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 19 1998 8:00am Secretary of State

	1930				
	MENT # <b>J53662</b> Partners, INC.	2 (9)		O TORNING BUILD STATE WHEN STATE OF THE STAT	AYAN BUDIN ANAN ANAN DIAN KIDI
					# <b>                                    </b>
Principal Place of Business P.O. BOX 1585		Mailing Address P.O. BOX 1585			
PONTE VEDRA BEACH FL 32004-1585		PONTE VEDRA BEACH FL 32004-1585			
U\$		U\$		DO NOT WRITE IN TH	IIS SPACE
				3, Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		01/27/1987 4. FEI Number	Applied For
21		26		58-2185209	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5, Certificate of Status Desireo	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>28</b>	Country	Trust Fund Contribution  B. This corporation owes or has paid the	Added to Fees
24	25	h	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curren			10. Name and Address of New Register	
** -	BRANO, STEVEN		81 Name Brant	, Moore, Macdonald & Wel	1s. P.A.
76 S LAURA ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
STE 2100				rth Laura Street, Suite	3100
JAI	CK\$ONVILLE FL 32202		83		
			84 City olso	onville,	65 Zip Code 32202
44 Durayant	to the provisions of Sections 607.0(1)	2 and CO7 1500 Etorida Statuta	the shows named core	constitue submits this statement for the surpre	a of changing its registered
office or I	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	im familiar with, and accept the obliga-	H <del>iens of "</del> Section 607,0505, Floi <b>WHILLOW D</b>	nda Statules. ', Brant , Pres		
SIGNATURE	Signature, typed or printed name of registered agen	nt and life if applicable (NO1E	Registered Agent a gnature requir		24-98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OTDOM ANOMAET	☐ D <b>e</b> lete	1.1 TITLE		Change Addition
NAME	OTROK, MICHAEL J.		1.2 NAME		
STREET ADDRESS	182 SEA HAMMOCK WAY PONTE VEDRA BEACH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	HURD, GEORGE A. JR.		22 NAME		C origings C Addition
STREET ADDRESS	RD 2, SANTEE MILL RD		2 3 STREET ADDRESS		
CATY-ST-ZIP	BETHLEHEM PA		2. 4 City-St-ZiP		
TITLE	8	DELETE	3.1 TITLE		Change Addition
NAME	HUBBS, ROBERT J.		3.2 NAME		
STREET ADDRESS	R.D. SANTEE MILL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>B</b> ETHLEHEM PA		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 THLE		☐ Change ☐ Addition
NAME STREET AND DECK			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		_ >=====	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CATY - ST - 74P			64 City - St - 7/P		

14. 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.

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