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FLORIDA DEPARTMENT OF STATE

PROFIT

Apr 13 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)8 TILL LATE, INC. Principal Place of Business Mailing Address **** -8101 OLD KINGS AD S DO NOT WRITE IN THIS SPACE -JACKSONVILLE-FL-02217 3. Date Incorporated or Qualified 416-11/06/1987 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 1375 South Third St. 1375 South Third 59-2857688 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville Beach, FL Jacksonville Beach, FL 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32250 Yes USA 32250 Personal Property Tax due June 30. 25 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **新外殖外科 关前员** Jayesh Parag Address (P.O. Box Number is Not Acceptable) 82 Street Third Stree X44EXINQSEEXXAVE 83 XORANGIR RAPIKATIK 920 TO Zip Code City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the abligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11 10116 TITLE CR2E034 PARAG, JAYESH C 1.2 NAME NAME 8720 ROLLING BROOK LANE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY - \$1 - ZIF DITY-ST- DP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- \$1 - 7IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME **4.2 NAME** 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE. 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7/P Change __ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP 14. Thereby 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 supplientental 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 of 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 articless.

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