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PROFIT COMPORATION "ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harrīś

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

K17548

(4)

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90072 027 ***150.00

3100 Suit	University Blvd. S. e 200 sonville, FL 32216	Mailing Address Attn: Gerald 3100 Universi Suite 200 Jacksonville	ty Bl	vd.	. S	3. Da	DO Note Incorporated or 3/03/1988	NOT WRITI Qualifed	E IN THIS	SPACE	
2. Principal F	Place of Business	2a. Mailing Address					I Number	· · · · · · · · · ·			Applied For
21		26				50	9-2877521				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								\$8.7	5 Additional
22		27				3. Ce	ertifcate of Status D	esirea		Fee	Required
City & Sta	te -	City & State				6. Ele	ection Campaign Fi	inancing		\$5.0	0 May Be
23		28				Tru	ust Fund Contributi	on		Adde	ed to Fees
Zip	Country	Zip	Coun	itry		į.	is corporation owe:		nt year Int		
24	9. Name and Address of Current	29 Pagistored Agent	30				rsonal Property Ta			Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Na	ime and Address	of New Re	gisterea	Agent	
1	N, GERALDINE G										
3100	UNIVERSITY BLVD S			82	Street A	ddress (P.O.	Box Number is No	t Acceptab	le)		
SUIT	E 200		-	83		· · ·			<u> </u>		
JACK	SONVILLE, FL32216			ا"							
				84	City				EI	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the ah	ove-r	named co	ornoration su	hmits this stateme	nt for the n	urnose of	changing	its registered
office or i	registered agent, or both, in the State of	Florida, Such change was a	uthorized	by the							
_	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statul	tes.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered A	Agent si	ignature reg	ouired when reinsta	atino)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		: Registered A	Agent si	ignature req	quired when reinsta	ating) DITIONS/CHANGE:	S TO OFFI	DATE CERS AN	D DIREC	TORS IN 12
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12.	OFFICERS AND	DIRECTORS	13.	É		ADD DCPT	DITIONS/CHANGE				
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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.

SIGNATURE THE Patricia H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia H. Clarkson

4/30/99

904-359-0045

Daytime Phone #

CR2E034 (11/98)