## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90003 046 \*\*\*550.00

DOCUMENT # <b>P98000051030</b> K 22 699						
1025 BEACH AVE., INC.				· /		
Od J Parking INC.						
Principal Place of Business Mailing Address						
8046-ARLINGTON EXPRESSWAY  IACKSONVILLE FL 32211  JACKSONVILLE FL 32211  JACKSONVILLE FL 32211			VAY			
1025 Beach Are				DO NOT WRITE IN THIS SPACE		
Atter	Vic Beach IL 3.	433 SE	me	3. Date Incorporated or Qualified 66/08/1998 4 - 29 - 89		
2. Principal Place of Business		2a. Mailing Address			ied For	
21		26		77	Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Requ		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip   Country   29   30		8. This corporation owes the current year Intangible Personal Property. Yes No		
24	9 Name and Address of Current		901	10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
SIMON, BERT C- Robert B & Bleen				(D.O. D., Mark. ) No. (A. 1941)		
SIMON, BERT C- Robord B & Berch 81  1080 PRUDENTIAL DRIVE SUITE 203  JACKSONVILLE FL 32207 Atlantic Beach, FL  32223  84				eet Address (P.O. Box Number is Not Acceptable)		
SUITE 203 83						
JACI	KSONVILLE FL 32207 ATCAM	Dent-C,	9 9 04 000	85 Zip Co	ıda	
		300	2 3 84 City	FL!	i	
11. Pursuant to the provisions of segions 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, if the 30 feet 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, any accept the obligations of, section 607.0505, Florida Statutes.						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors, i nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.						
SIGNATURE						
O'O'O'TO'TE	Signature, typed or minted name of registered agent		E: Registered Agent signature rec		<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D SIDDIFFI DIGITADO D	☐ DELETE	1.1 TITLE	Change	Addition	
NAME	O'BRIEN, RICHARD B	,	1.2 NAME			
Į.	STREET ADDRESS 8016 ARLINGTON EXPRESSWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32211	<del>"</del>	1.4 CITY-ST-ZIP		7 0 00000	
TITLE		L DELETE	2.1 TITLE	L Change L	Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	the second of th		
CiTY-ST-ZIP		Посто	2.4 CITY-ST-ZIP 3.1 TITLE	Change	Addition	
TITLE		L DELETE	3.2 NAME	. Change _		
NAME expect apprece			3.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		Dorugae	3.4 CITY-ST-ZIP 4.1 TITLE	Change	Addition	
		☐ DELETE	4.2 NAME	Change E		
NAME CYDEST ADDRESS			4.3 STREET ADDRESS		{	
STREET ADDRESS			4.3 STREET ADDRESS		{	
CITY-ST-ZIP		Decrete	5.1 TITLE	Change	Addition	
		L DELETE	5.2 NAME	Change	_ 700,000	
NAME STREET ADDRESS			5.3 STREET ADDRESS			
J SIKEE I AUUKESS			OU CHAFFI ADDINESS		1	

5.4 CITY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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 Thy 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 or an attachment with an address.

DELETE

9-15-99

725-3343

Change Addition