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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Mar 09 1998 8:00am Secretary of State

City & State City & State Zip Country Zip Country Zip Country Zip Country Signature Signature Signature Signature City & State City Personal Property Tax due June 30.	AN BYRN PIRKI KATI
P. O. BOX 2339 ACKSOMME FIL 32241 Surie, Apt. #, etc. Surie, Apt. #,	M
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Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
City & State Country B. This corporation owes or has paid the current ye personal Property Tax due Juline 30.	Not Applicabl
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Zip Country Zip	.00 May Be
Zip	ded to Fees
9. Name and Address of Current Registered Agent DUSZLAK, JOSEPH F. 348 EAST BAY STREET JACKSONNULE FL 32202 83 84 City FL 65 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 chang office or registered agent, or both, in the State of Florida Stuch chango was authorized by the corporation submits this statement for the purpose of chang office or registered agent, or both, in the State of Florida Stuch chango was authorized by the corporation's board of directors. I hereby accept the appointme agent. I am familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes. SIGNATURE Signature, typod or pretind name of inguisered egent and line if applicable. (NOTE: Registered Agent fignature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY. ST-2P SWITZERLAND FL DELETE DELETE 1.1 TILE D DELETE 2.2 NAME STREET ADDRESS CITY. ST-2P JACKSONVILLE FL DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY. ST-2P TITLE DELETE 3.1 TITLE ACCITY. ST-2P Changes 3.2 NAME 3.3 STREET ADDRESS CITY. ST-2P TITLE NAME STREET ADDRESS	
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CITY-ST-ZIP 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 the	

nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ent with an address.