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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	n Name	ASSOCIATES, I		(4)									
Principal Plac	e of Busines	SS	Mailing Ad	dress						I	BII WANII BIWII BII	III QKALI 1001	
% THOMAS M. COWART 4475 US #1 SO., STE 104 ST. AUGUSTINE FL 32086				% THOMAS M. COWART 4475 US #1 SO., STE 104 ST. AUGUSTINE FL 32086									
			ST. AUGU						DO NOT WRITE IN THIS SPACE				
								3. Date Inc. 12/05/	orporated or Qualific 1988	ed			
2. Principal P	lace of Busin	ness	2a. Mailing	Address				4. FEI Num			A	pplied For	
21			26	_				59-2	925740			lot Applicable	
Suite, Apt. #, etc.			}	Suite, Apt. #, etc.				5. Certifica	te of Status Desired		+	Additional Regulred	
City & State				City & State				& Flaction	Campaign Financing			May Be	
23			28						nd Contribution			to Fees	
Zip		Country	Zφ		Cou	intry		8. This cor	ooration owes or has	paid the c	current year Ir	ntangible	
24		25	29		30	,			Property Tax due J		<u> </u>	☐ No	
		and Address of Cur	rent Registered Ag	ent		81	None	10, Name a	nd Address of New	Registere	d Agent		
	WART, TH					"	Name						
4475 US #1 SO., STE 104 St. augustine Fl 32086							Street Ad	idress (P.O. Box N	ess (P.O. Box Number is Not Acceptable)				
5 1.	. AUGUSTII	NE PL 32000				83							
						LJ.							
						84	City			F	L 85 Zip	Code	
11. Pursuant :	to the provis	ions of Sections 607.0	0502 and 607.1508,	Florida Statu	utes, the al	pove	-named co	proporation submits	this statement for th	ne purpose	of changing	its registered	
office or r agent. I a SIGNATURE	7	gent, or both, in the SI, ith and accept the ob-	agen and the if applicable	0	DTE Registere			quired when reinslating)		DATE	-1.48		
office or r agent. I a SIGNATURE	Str. dartife, typed	or printed name of registreed	Marwa	(NC	DTE Rogisterer	d Ager		quired when reinslating)	IS/CHANGES TO OF	DATE	-/-YO ND DIRECTO	RS IN 12	
office or ragent. I a SIGNATURE 12.	Signature, Typed	or printed name of registered OFFICERS	agen and the if applicable	0	13.	d Ager		quired when reinslating)		DATE	-1.48		
office or r agent. I a SIGNATURES 12. TITLE NAME	PD COWAR	or printed name of registred OFFICERS	agen and the if applicable	(NC	13. 1.1 11 1.2 N/	d Ager TLE AME	nt signature rec	quired when reinslating)		DATE	-/-YO ND DIRECTO	RS IN 12	
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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 suppliemental 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 trusted empowered to execute this about as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or op an attachment with an address

FILED

Jan 23 1998 8:00am

Secretary of State