FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham

FILED Feb 02 1998 8:00am

Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8.75 Additional Fee Required Fee Required Fee Required \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	ANN	1998	JRI	To me		Secretary of DIVISION OF COR			ONS		Secretary of State		
Principal Place of Business Mailing Address P.O. BOX 8 P.O. BOX	 Corporation 	on Name			5	(9)							
P.O. BOX 8 DOCTORS NILET FL 30300 DO NOT WRITE IN THIS SPACE	Principal Plac	ce of Business			Maií	ing Address							
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2. Principal Place of Business		VLET FL 32030					2030						
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Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	Place of Busin	ess		2a. N	Mailing Address					4. FEI Number Applied For		
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28		te				City & State							
25	23				_ 28			_					
B. Name and Address of Ourent Registered Agent IEWIS, M. RICHAPD JR. 225 WATER STREET SUITE: 1800 JACKSONVILLE FL 32201 83 84 City FL 85 Zip Code 11. Present to the provisor of Sections 97/05/2 and 507/15/8 Fpriss Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the Solde Fonds. Such changes statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, see corporation's board of directors, investly agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, see corporation's board of directors, investly accept the appointment as registered agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, see corporation's board of directors, investly agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, see corporation's board of directors, investigation agent, and accept the obligations of, Section 607/05/05, Plorida Statutes, see corporation's board of directors, investigation's board of directors.			_	try		ip	——	untry		_			
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SUITE 1800 JACKSONVILLE FL 32201 52 Street Address (P.O. Box Number is Not Acceptable) STREET ADDRESS SUITE 1800 JACKSONVILLE FL 32201 STREET ADDRESS SUITE 1800 JACKSONVILLE FL 32203 STREET ADDRESS STREE	1F				Lingiato	ica Agent		81	Na	me	10. Harris and Address of Real Healthcoad Agent	一	
SUITE 1800 JACKSONVILLE FL 32201 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607/505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607/505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligation of Section 607/505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both accept the obligation of Change is a section 607/505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the observation's board of directors				"				-	C.L.	oot Add	drage (D.O. Rey Number in Net Assentable)		
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SIGNATURE	office or	registered age	ent, or bot	th, in the State	of Florida	. 1508, Florida Stat Such change wa	utes, the a	ed by	the	corporal	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	i	
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TITLE	SIGNATURE	Signature, typed o	or printed nam	ne of registered ages	t and title if s	pplicable. (N	OTE: Register	ed Age	ınt sigr	sture requi	uired when reinstating) DATE		
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14. I hereby certify that the information supplied with this filling 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.

SIGNATURE: