COF ANNU	PROFIT RPORATION JAL REPORT <b>1999</b>		Katho Secret	ARTMENT OF STATE <b>rine Harris</b> ary of State CORPORATIONS	FILE Apr 26, 1999 Secretary ( 04-26-1999 90194 0	9 8:00 am of State
MITIGAT	ion services, inc	<u>.</u>				
Principal Flace of Business     Mailing Address       711 PERIMETER PARK VLVD SUITE #11     8711 PERIMETER PARK VLVD SUITE #11       ACKSONVILLE FL 32216     JACKSONVILLE FL 32216						
					DO NOT WRITE IN TI 3. Date Incorporated or Qualifed 03/24/1989	IIS SPACE
Principal P	lace of Business	2a. M	Mailing Address		4. FEI Number 59-2348609	Applied For No: Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5, Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	25	29		Country 30	8. This corporation owes the current year Personal Property Tax.     10. Name and Address of New Register	
	9. Name and Address	or current Kegiste	ALU AYEIR	81 Name		
HIEB, E. ALLAN, JR. 1301 GULF LIFE DR SUITE 1500			82 Street Acto	ress (P.O. Bo) Number is Not Acceptable)		
				00		
JAC	KSONVILLE FL 32256	ns 607.0502 and 607	7.1508, Florida Statu	84 City	poration submits this statement for the numose	5 Zip Code
JAC	KSONVILLE FL 32256 to the provisions of Stectio egistered agent, or both, ir m familiar with, and ac cep Signature, typed or printed na ne of OFF	the State of Florida. It the obligations of, S	. Such change was Section 607.0505, F Ipplicable. (NO TORS	84 City	poration submits this statement for the purpose ion's board of clirectors. I hereby accept the ap	of changing its registered continent as registered
JAC D. Pursuant office or r agent. i a IGNATURE 2. LE ME REETADDRE S	KSONVILLE FL 32256 to the provisions of Skictio egistered agent, or both, ir m familiar with, and ar cep Signature, typed or printed na ne of OFF VP ROBINSON, I. RHODI 8711 PERIMETER PK	n the State of Florida t the obligations of, S registered agent and title if a FICERS ANC   DIREC ES, JR.	. Such change was Section 607.0505, F	84         City           authorized by the corporate         authorized by the corporate           brida Statutes.         1.1           1.1         TILE           1.2         NAME           1.3         STREET ADDRESS	poration submits this statement for the purpose ion's board of clirectors. I hereby accept the ap red when reinstating) DATE	c ontment as registered
JACI 1. Pursuent office crr agent. i a IGNATUR E 2. LE ME REET ADDRE :S Y-ST-ZIP LE ME REET ADDRE:S	KSONVILLE FL 32256 to the provisions of Stetlio egistered agent, or both, ir m familiar with, and at cep Signature, typed or printed na ne of OFF VP ROBINSON, I. RHODI 8711 PERIMETER PK JACKSONVILLE FL P HOWALT, GARY K. 8711 PERIMETER PK	n the State of Florida t the obligations of, S registered agent and lute if a FICERS ANE DIREC ES, JR. BL #11	. Such change was Section 607.0505, F Ipplicable. (NO TORS	84     City       authorized by the corporate signature required by the corporate by the corpo	poration submits this statement for the purpose ion's board of clirectors. I hereby accept the ap red when reinstating) DATE	of changing its registered continent as registered
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Michael Wilson	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	DR DIRECTOR

4/1/99 (904)645-9900 Date (aytime Phone #