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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L18468**

Principal Place of Business 2121 CORPORATE SO BLVD. #226	Mailing Address 2121 CORPORATE		<u></u>			
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed 09/21/1989		
2. Principal Place of Business	2a. Mailing Addres	SS		4. FEI Number	Ap	plied For
21	26			59-2968180		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip Count	ry Zip	Cour	ntry	8. This corporation owes the current year	Intangible	□No
24 25	29	30		Personal Property Tax. 10. Name and Address of New Registere		L/140
9. Name and Addr	ess of Current Registered Agent		81 Name	IV. Italiie and Address of thew hegistere	- Chair	
SELLERS, TIMOTHY L. 536 BAYRIDGE, RD. JACKSONVILLE FL 32210	6 · · · · · · · · · · · · · · · · · · ·	: · ·	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Se	ctions 607.0502 and 607.1508, Florida		Oove-named cor	poration submits this statement for the purpose	L	registered
agent. I am familiar with, and acc	ctions 607.0502 and 607.1508. Florida h, in the State of Florida. Such change cept the obligations of, Section 607.05 he of registered agent and title if applicable.	a Statutes, the ab e was authorized 505, Florida Statu	oove-named cor by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appreciate when reinstating)	L	
agent. I am familiar with, and acc SIGNATURE Signature, typed or printed nam	cept the obligations of, Section 607.05	a Statutes, the ab e was authorized 505, Florida Statu	pove-named cor by the corporat ites.		of changing its pointment as re-	registered gistered
signature syped or printed nam 12. PD	cept the obligations of, Section 607.05 ne of registered agent and title if applicable. DEFICERS AND DIRECTORS DEL	a Statutes, the able was authorized 505, Florida Statu (NOTE: Registered 13.	pove-named cor by the corporat ites.	red when reinstating) . DATE	of changing its pointment as re	registered gistered
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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 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 the factoring that it an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90064 047 ***150.00

☐ Change

Addition