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

Mailing Address

PO BOX 15295

% WALTER M. TOVKACH

GAINESVILLE FL 32604

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L45536

Principal Place of Business 18828 NW CR 231

2. Principal Place of Business

GAINESVILLE FL 32609

US

PRIMROSE SQUARE CORPORATION

Suite, Apt. #, off. Suite, Apt. #, off. Suite, Apt. #, off. Suite, Apt. #, off. Suite, Apt. #, off. City & State	21		26			59-2984027	Not	Applicable
City & State 23		#, etc.	Suite, Apt. #, etc.					
Zip Country Zip	22	· · · · · · · · · · · · · · · · · · ·						
Zip Country Zip Country Zip Country Zip Country St. This corporation owes the current year intangible Personal Property Tax. Name and Address of Current Registered Agent St. Name Personal Property Tax. Name Nam	—	• -	<u> </u>			1 - 11	•	
9. Name and Address of Current Registered Agent TOYKACH, WALTER M. S011 NW 8TH AVE GAINESVILLE FL 32605 81 Name FL 32 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Fursuant to the provisions of Sections 807,0502 and 807,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smaller with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smaller with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smaller with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and smaller with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the p	23							rees
9. Name and Address of Current Registered Agent TOYKACH, WALTER M. 5011 NW 8TH AVE GAINESVILE FL 32605 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 10. Name and Address of New Registered Agent 84 City	Zíp	Country		¬ `		•		□
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TOYKACH, WALTER M. 5011 NW 8TH AVE GAINESVILLE FL 32605 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City		9. Name and Address of Current	Registered Agent	- 04	N	10. Name and Address of New Registered	Agent	
Solid NW 8TH AVE GAINESVILLE FL 32605 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's toard of directors. I hereby accept the appointment as registered directors and the purpose of changing its registered directors. I hereby accept the appointment as registered directors. I hereby accep	TOVA	ACU WAITED M		*'	Name			
### City					Street Addre	ess (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions 607 0502 and 507 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 gent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE GUORIA A. MITCHEM OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME STREET ADDRESS CITY-51-2P GAINESVILLE, FL 32607 ILLE STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.2 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.2 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.2 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-51-2P TITLE OBJECT OFFICER						<u></u>		
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11. Pursuant to the provisions of Sections 507.6502 and 607.1509. Florida Statutes, the above-named corporation submite this statement for the purpose of changing its registered office or 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 gent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Squature, typed or printed name of registered agent and title if applicable.				84	City	Ei	85 Zip C	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby sucept the applications as telephonemia and accept the obligations of, Scientific Studies. SigNature							f changing its	registered
### SIGNATURE Signature, Typed or pricised name of registered agent and title if episcation. (NOTE: Registered Agent signature required when revetating) Date	11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 507.1508, Florida Statutes, Florida, Such change was auth	, tne above torized by	e-named corpo the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as reg	istered
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Signature, typed or printed risens of registered agent and tills it appoisable. (NOTE: Registered Agent signature required when related by) DAI:	SIGNATURE							
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CITY-ST-ZIP 6.4 CITY-ST-ZIP				6.3 STREET	ADDRESS			
		·			l'			
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	14. I hereby o	certify that the information supplied with	this filing does not qualify for the			ection 119.07(3)(i), Florida Statutes. I further ce	ertify that the ir	formation

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 ar 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 chapted, or on an attachment with an address, with all other like empowered.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90129 045 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

01/18/1990

59-2984027

4. FEI Number