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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90098 021 ***150.00

ANDREW	J. FAWBUSH, P.A.							
Principal Place of Business Mailing Address						T (40)/(4); Bit praje bite (1640 little trat graft bratt graft graft graft graft		
•	LAMB. GREEN & MACRAE . SUITE 2800		/O LEBOEUF. LAMB. GREENE & MACRAE) N LAURA ST. SUITE 2800 ACKSONVILLE FL 32202		AE	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
		- M 21 Mada				01/25/1990 4. FEI Number Applied For		
2. Principal Place of Business 2a. Mailing Address						T		
21 26 Suite Apt # etc						59-298850 Not Applicable \$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required		
22						6. Election Campaign Financing S5.00 May Be		
						Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip Co			untry		8. This corporation owes the current year Intangible		
⊢	25	29	30			Personal Property Tax. Yes □No		
24	9. Name and Address of Currer		100;			10. Name and Address of New Registered Agent		
	-			81	Name			
FAWBUSH, ANDREW J. 50 N LAURA STREET				82	Street A	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 2800				83				
JACKSONVILLE FL 32202								
3.(3.(3.))				84 City		FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 agent. I am familiar with and accept the objections of Section 607.0505, Florida Statutes. SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register				ed Agen	t signature re	equired when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition		
NAME	FAWBUSH, ANDREW J.		1.2	NAME				
STREET ADDRESS	50 N LAURA ST, S-2800		1.3	STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		14	CITY-S	T-ZIP			
TITLE	ST	☐ DELETE	2.1	TITLE		☐ Change ☐ Addition		
NAME	FAWBUSH, ANDREW J.		2.2	NAME	- 1			
STREET ADDRESS	50 N LAURA ST, S-2800		2.3	STREET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-S		T-ZIP			
TITLE		☐ DELETE	3.1	TITLE		Change Addition		
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE		☐ DELETE				☐ Change ☐ Addition		
NAME				NAME				
STREET ADDRESS			4.3	STREET	ADDRESS			
CITY-ST-ZIP			CITY-S	T-ZIP	Change Addition			
TITLE		☐ DELETE		TITLE	ļ	☐ Change ☐ Addition		
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S'	T-ZIP	Change Addition		
TITLE		☐ DELETE		TITLE		Change Addition		
NAME	1		6.2	NAME				

CITY-ST-ZIP 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, if on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

nopew J. Fawhush 1-59