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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90039 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L88193**

1. Corporation Name
PABLO CENTER BUILDING, INC.



Principal Place of Business: 415 PABLO AVE N, JACKSONVILLE BEACH FL 32250, US
 Mailing Address: PO BOX 50127, JACKSONVILLE BEACH FL 32240, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1990**
 4. FEI Number: **59-3019665**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **NICHOLSON, WILLARD B., 315 N 11TH AVE, JACKSONVILLE BCH FL 32250**
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKSTROM, BRUCE K.	1.2 NAME	
STREET ADDRESS	107 LINKS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARTHASVILLE MO	1.4 CITY-ST-ZIP	
TITLE	SPDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSERLIE, CAROL	2.2 NAME	
STREET ADDRESS	201 TWELVE OAKS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIER, ROBERT P.	3.2 NAME	
STREET ADDRESS	15 ONEIDA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODZIEJ, DEBORAH	4.2 NAME	
STREET ADDRESS	19 FAIRVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHBOROUGH MA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carol Messerlie (CAROL MESSERLIE)** 4-2-99 285-7568

CR2E034 (11/98)