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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

,	MENT# "" 764 n Name C. NotiFier,						
•							
Principal Place	e of Business	Mailing Address		`			
570	5 ST. AUGU	STIME RO	AD	<u> </u>			
	CKSONVILLE,	F1.		DO NOT WRITE IN THIS	S SPACE		
2.4	CRSONVILLE,	722.05	7	3. Date Incorporated or Qualifed			
		3220		12/11/86			
⊢ '	tace of Business	2a. Mailing Address		4. FEI Number 59 - 2957623	<u> </u>	Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 A		
22	<i>m</i> , 616.	27		5. Certificate of Status Desired	Fee Red		_
City & State	е	City & State		6. Election Campaign Financing	\$5,00	May Be	-
23		28	_	Trust Fund Contribution	Added to	Fees	
Zip	Country	\vdash	Country	8. This corporation owes the current year in		521.v	
24	25	[29] [30]		Personal Property Tax. 10. Name and Address of New Registered		ÑNo	
ļ	9. Name and Address of Current		81 Name	IV. Name and Address of New Registered	Agent	-~-	
50H	N R. STIEFE	= Z , 5 x ·					
ONE IN DEPENDENT DR. SUITE 2301		82 Street Add	tress (P.O. Box Number is Not Acceptable)				
841.3	FE 2301		83				
3677			84 City		85 Zip C	ode	
JAX, FL. 32202				F <u>I</u>	-		
office or ti	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was author	ized by the corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its i intment as reg	registered jistered	
SIGNATURE						l l	
SIGNATORE				DATE	· · · · · · · · · · · · · · · · · · ·		١.
	Signature, typed or printed name of registered agent		tered Agent signature require		ND DIRECTO	RS IN 12	á
12.	OFFICERS AND	DIRECTORS	tered Agent signature require 13.	red when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOI ☐ Change	RS IN 12	(00)
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12. TITLE	Director Marian J. Hollema 5705 St. augustine Re	D DIRECTORS	13.	3/			(44,00)
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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 astrequired 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.

MARIAN

FILED

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90071 023 ***150.00