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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90073 028 ***150.00

19	99	DIVISION OF COR	PORATIONS	
DOCUN 1. Corporation	MENT # M6851	0) هد (0)	·········	
Principal Place	of Business	Mailing Address		
11000 E	Beach Blvd	11000 Beach Blvd		
		Jacksonville, FL 32246		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified 02/15/1988
2. Principal Pl	ace of Business	2a. Mailing Address	······································	4. FEI Number Applied For
21 11000	Beach Blvd.	26		59-2871606 Not Applicate
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	3	City & State		6. Election Campaign Financing \$5.00 May Be
	sonville, FL	28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
3224	1201	29 30	·1	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Hant and Address of No.
	MON, BERT C.			
1660 PRUDENTIAL DR #203 JACKSONVILLE FL 32207			B2 Street	Address (P.O. Box Number is Not Acceptable)
JA	CKSONVILLE I L SZZOI		83	
			84 City	85 Zip Code
				FL []
				corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Florid	la Slalutes.	
SIGNATURE	Signature, typed or printed name of registered agen	t and this if applicable (NOTF: B)	naistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Change L Additi
NAME	SHEA, TIMOTHY G.	DOO BEACH BIVE	1.2 NAME	ADDRESS CHANGE
STREET ADDRESS	1701 020 0111 11 111111111		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 82256-	32246	1.4 CITY - ST - ZIP	Change Additi
TITLE	DV SOWADD E	☐ DELETE	2.1 TITLE 2.2 NAME	ADDRESS CHANGE
NAME	Burr, Edward E. 7751 Belfort Parkwa y / ©	ILI CENTURIAN	2.3 STREET ADDRESS	HOORESS CHANG
STREET ADDRESS	JACKSONVILLE FL 32256	PARKWAY N. HAD	2.4 CITY - 51 - ZIP	
CITY-ST-ZIP	UNCHOOMINEE 12 02200	DELETE	3 1 TITLE	Change Additi
NAME	·		3.2 NAME	
STREET ADDRESS	ů		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	The state of the s
TITLE		U DELETE	4.1 TITLE	Change Addit
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addit
TITLE NAME			5.2 NAME	
STREET ADORESS			5 3 STREET ADDRESS	
CITY-SI-ZIP			5.4 CITY+ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addii
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY - ST - ZIP	

14. Thereby certify that the information supplied with this filing does not quality 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 extrachment with an address.

DA PRINTED HAME OF SIGNING OFFICER OR DIRECTOR