

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine [Signature] Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name PLU, INC. N 43451 W99-23431			

FILED
99 NOV -1 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1628-7 SAN MARCO BLVD JACKSONVILLE, FLA, 32207	Mailing Address 1628-7 SAN MARCO BLVD JACKSONVILLE, FLA, 32207
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REINSTATEMENT **99**

2. Principal Place of Business 21 1628-7 SAN MARCO BLVD. Suite, Apt. #, etc. 22 7 City & State 23 JAX FL Zip 24 32207	2a. Mailing Address 26 1628-7 SAN MARCO BLVD Suite, Apt. #, etc. 27 7 City & State 28 JAX FL Zip 29 32207	3. Date Incorporated or Qualified 05/08/91 4. FEI Number 59-3093475 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent JEREMY LUCAS 6746 BARNEY RD JAX, FL 32219	10. Name and Address of New Registered Agent 81 Name Judy Walsh 82 Street Address (P.O. Box Number is Not Acceptable) 83 1628-7 SAN MARCO BLVD 84 City JACKSONVILLE FL 85 Zip Code 32207
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Judy Walsh** **DEBRASKEIGHT** **8-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Judy Walsh** **Judy Walsh** **8-25-99** **904 325 0516**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)