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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

IACRED CORD

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FILED Apr 24 1998 8:00am Secretary of State

JASTE	in Conr.							4 1001001 101 114 10 14 10 14 10			114 5 4 5 11 (66 1
Principal Pla	ce of Busines		Mailing	Address		—		- 10011001 101 (1010 1941) \$0410 8444 6		Dieth Bleff Eib	
1	N PARKWAY N		_	500 BEACON PARKWAY WEST							
P.O. BOX 12404 P.O. BOX 12404											
BIRMINGHAM AL 35202-9404 BIRMINGHAM AL 35202-940								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified 04/29/1988			
2. Principal	Place of Busi	ness	2a. Mail	2a. Mailing Address				4. FEI Number		I Aı	pplied For
21	# -1-		26				51-0308719			ot Applicable	
Suite, Apt	. W, BIC.			Suite, Apt #, etc.				5. Certificate of Status Desired		*	Additional
l Cit∨&Sta	ile	27 City	City & State			•				equired	
23			— <u> </u>	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country	Zφ		Count	ry		8. This corporation owes or has pa			
24		25	29		30			Personal Property Tax due June	-	_] No
g. Name and Address of Currer								10. Name and Address of New Registered Agent			-
		PORATE SERVICES			8	1 N	lame				
		ast 167th Stree		ITE 300			treet Addre	ess (P.O. Box Number is Not Acceptable)			
NO	DATH MIAM	I BEACH FL 3316	2								
				83							
					8	4 C	ity			85 Zip (Code
				-			<u> </u>		FL	.	
11. Pursuant office or	t to the provis registered as	sions of Sections 607. gent, or both, in the S	.0502 and 607.15 State of Florida, St	i08, Florida Statut uch change was :	es, the abo authorized f	ve-na	amed corpor e corporatio	ration submits this statement for the parties board of directors. I hereby acce	ourpose of	changing it	ts registered
agent. I a	am familiar w	ith, and accept the o	bligations of, Sec	tion 607.0505, Flo	orida Statut	es.		The second of th	pr trio app	on an an	registered
SIGNATURE	Clanal as bened	or printed name of registere		4103							
12.	argenniere, typico		AND DIRECTOR		13.	geni si	anature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDC AND	DIDECTOR	DC (N. 42)
TITLE	PO	· · · · · · · · · · · · · · · · · · ·		DELETE	1.1 TITLE			ADDITIONO OF THE	JENS AND	Change	Addition
NAME	JOHNS	EY, WALTER F.			1.2 NAME	ž.					
STREET ADDRESS		acon parkway v	N.		1.3 STREI	ET ADO	RESS				
CITY - ST - ZIP		SHAM AL			1.4 CITY-	ST-ZI	P				
TITLE	VS			DELETE	21 TITLE					Change	Addition
NAME		WILLIAM B.			2.2 NAME	Ė					
STREET ADDRESS		ACON PARKWAY V	N.		2.3 STREE	ET ADD	RESS	:			İ
CITY-ST-ZIP		SHAM AL			2. 4 CITY	- ST - Z	P				
TITLE	TD LONG 1	ANI LIAM P		DELETE	3.1 TITLE					Change	Addition
NAME		MILIAM B. VCON PARKWAY V	A)		3.2 NAME						
STREET ADDRESS		SHAM AL	/♥+		3.3 STREE						
	Day Mailt Ar			Delete	3.4. CITY		P			1104	1.100
										Unange	L.J Addition
	1						arec				
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TITLE				DELETE			-			Change	Addition
NAME				_ _	1						
STREET ADDRESS							RESS				
CITY-ST-ZIP							Į.				
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME					-	
STREET ADDRESS	I						1				1
					6.3 STREE	T ADDI	RESS				1
NAME STREET ADDRESS CITY+ST-ZIP	DEMIN	WYM FL			4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	et addi St-zif Et addi St-zif	RESS			Change Change	Addition Addition

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in