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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000011407

1. Corporation Name

CABH	OLDINGS OF NORTH FLO	JKIDA, Ir	NC.									
D: :		8.4	tino Address				<b>⊣</b>			HIKI III ALI II HILI ALI		
Principal Place			ling Address									
2145 DENNIS ST  JACKSONVILLE FL 32203  JACKSONVILLE FL 32203  JACKSONVILLE FL 32203												
JACKSONVILLE PE 32200 JACKSONVILLE PE 32200								DO NOT WRITE IN THIS SPACE				
								ncorporated or Qual	ifed	-	,	
								t <u>/1992</u>				
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI N			<u> </u>	Applied For	
21		26					<b>59-3</b> 1	148895		<del></del>	Not Applicable	
Suite, Apt.	#, etc.	;	Suite, Apt. #, etc.				5 Certifo	ate of Status Desire	id 🔲	• -	Additional	
22		27						<u></u>			Required	
City & State	e	<b>├</b>	City & State					on Campaign Financ	ing 🖂		May Be	
23		28	<b></b>	0.00				und Contribution			to Fees	
Zip	Country	$\vdash$	Zip	_	untry			orporation owes the nal Property Tax.	current year	r intangible Yes	□No	
24	9. Name and Address of Curre	29	arod Anont	30	T			and Address of N	ew Register			
	9. Name and Address of Care	ent Kegist	ered Agent		81	Name	10. 114.114		• · · · · · · · · · · · · · · · · · · ·			
SANI	DIFER, NORWOOD H											
	DENNIS ST				82	Street Ad	dress (P.O. Bo	x Number is Not Acc	ceptable)			
JACK	(SONVILLE FL 32203				83							
					Ш							
					84	City				= L   85   Zi	Code	
44 Pursuant	to the provisions of Sections 607.05	502 and 60	7 1508. Florida Statu	tes, the a	above	e-named co	rporation subm	its this statement for	the nurnose	of changing i	ts registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	te of Florida	i. Such change was a	uthorize	a bv '	tne corpora	ition's board of	directors. I hereby a	ccept the ap	pointment as	registered	
		,	·									
SIGNATURE	Signature, typed or printed name of registered ag						ired when reinstating		DATE			
	Signature, typed or printed name of registered at OFFICERS A	gent and title if	applicable. (NOT)	: Registered	d Agen			ONS/CHANGES TO		AND DIREC		
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if	applicable. (NOTI	: Registere	d Agen							
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string does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an intrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an oddress with an other like empowered. 14. I hereby certify that the information suindicated on this annual report or Supofficer or director of the comparation of Block 12 or Block 13 if changed or the comparation of the suportation of the su

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GOFFICER OR DIRECTOR