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

	MENT # P9200 IMUQUANA PARTNERS, IN	00014104 (3) c.			HAN ALAK UNIK KAN KAN LAN
3030 HARTLEY ROAD 3030 I SUITE 100 SUITE		Mailing Address 3030 HARTLEY ROAD SUITE 100			
JACKSONVIL	LLE FL 32257	JACKSONVILLE FL 32257		DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
	 <u></u>			12/24/1992	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.	·····	59-3164735	Not Applicable \$8.75 Additional
22	4 , 510.	27		5. Certificate of Status Desired	Fee Required
City & Stat	de	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ARRELL, MARK T.		81 Name		
3030 HARTLEY ROAD 82 Street A				ress (P.O. Box Number is Not Acceptable)	
	TE 100		63		
JA	ACKSONVILLE FL 32257		83		
			84 City	F	85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the oblig Signature, typed or printed name of registered as		thorized by the corporarida Statutes. Registered Agent algorithms required.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate when reinstating) DATE	oppointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP (OLD)	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROOD, JOHN D		1.2 NAME		
STREET ADDRESS	3030 HARTLEY ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32257 VST	DELETE	1.4 CITY-ST-ZIP		Character Addition
TITLE	FARRELL, MARK	C DETEIR	2.1 TITLE		Change Addition
NAME STREET ADDRESS	3030 HARTLEY ROAD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			: 4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP		064-00
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	L		5.4 CITY-ST-ZIP		
		[] DELETE	E 1 TITLE		Change Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		Change Addition

6.4 City-st-zip

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 supplicemental 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 attachment with an address.

SIGNATURE:

me_ Tit

TIM MANK T. France

3/25/98

904/260-3030

FILED

May 01 1998 8:00am

Secretary of State