

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED  
Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morin  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000015512 (6)

1. Corporation Name  
FLS HOLDINGS, INC.



Principal Place of Business  
6111 GAZEBO PARK PLACE, N.  
SUITE 150  
JACKSONVILLE FL 32257  
US

Mailing Address  
6111 GAZEBO PARK PLACE, N.  
SUITE 150  
JACKSONVILLE FL 32257  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/01/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3161881
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARVIS, RICHARD S. 6111 GAZEBO PARK PLACE, N. SUITE 150 JACKSONVILLE FL 32257	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1. TITLE	NAME	Change Addition
PD	SARVIS, RICHARD S.		1. NAME		
STREET ADDRESS	6111 GAZEBO PARK PLACE, N.		1. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1. CITY-ST-ZIP		
TITLE	VST	DELETED	2. TITLE		Change Addition
NAME	SARVIS, ROBERT L.		2. NAME		
STREET ADDRESS	6111 GAZEBO PARK PLACE, N.		2. STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. CITY-ST-ZIP		
TITLE	AT	DELETED	3. TITLE	AT	Change Addition
NAME	MELTON, JAMES E.		3. NAME	DUELOS, MICHAEL S.	
STREET ADDRESS	6111 GAZEBO PARK PLACE, N.		3. STREET ADDRESS	6111 GAZEBO PARK PL N	
CITY-ST-ZIP	JACKSONVILLE FL		3. CITY-ST-ZIP	Jacksonville FL	
TITLE		DELETED	4. TITLE		Change Addition
NAME			4. NAME		
STREET ADDRESS			4. STREET ADDRESS		
CITY-ST-ZIP			4. CITY-ST-ZIP		
TITLE		DELETED	5. TITLE		Change Addition
NAME			5. NAME		
STREET ADDRESS			5. STREET ADDRESS		
CITY-ST-ZIP			5. CITY-ST-ZIP		
TITLE		DELETED	6. TITLE		Change Addition
NAME			6. NAME		
STREET ADDRESS			6. STREET ADDRESS		
CITY-ST-ZIP			6. 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 supplemental annual report is true and accurate. 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: Michael S. Duelos MICHAEL S. DUELOS 728/58 904 292-9009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FOR DATE DAYTIME PHONE # 0042381

CR2E034 (10/97)