Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90061 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300002647 1. Corporation Name

ACCODDADIC CADIC MICTALIATIONS INC

	ADLE CADLE MOTALLATION	40, 1140.								
D. C. J. Diese	- ( 0 - )	Mailing	Addross				<b>                                    </b>	<b>     </b>	Bill Hall Bil	II BIBII IBBI IBBI
Principal Place			Address							
5016 CARMEL DR JACKSONVILLE FL 32244  5016 CARMEL DR JACKSONVILLE FL 32244										
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244							DO NOT WRITE IN THIS SPACE			
	•					ŀ	3. Date Incorporated or Qualifed			
						<u> </u>	01/05/1993			\
2 Principal Pl	lace of Business	2a. Mail	ling Address				4. FEI Number		A	Applied For
<del></del> 1	ace of business	26					59-3184650		. —	lot Applicable
Suite, Apt.	# etc		te, Apt. #, etc.				39 8 10 1030			Additional
22	<i>n</i> , 0.0.	27	,				5. Certifcate of Status Desired			Required _
City & State			/ & State				6. Election Campaign Financing		\$5.00	May Be
23	9	28					Trust Fund Contribution			to Fees
Zip	Country	Zip		Coun	trv		8. This corporation owes the curr	ent year Inta	angible	
····	25	29		30	,		Personal Property Tax.	One your ma	Yes	□No
24	9. Name and Address of Current		1 Agent	30			10. Name and Address of New F	Registered		
	J. Haille and Address of Content	t itogiatoroo	a rigoni	- 1	31 Name				<u> </u>	
TAYL	OR, CHARLES A									
	CARMEL DR		82 Street Ad			Addres	s (P.O. Box Number is Not Accepta	able)		
JACKSONVILLE FL 32244			83							
UAC!	CONTRICE TE GEETT			'	33					
				1	34 City			FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.15	508, Florida Statute	es, the about the contract of	ove-named	corpora	ation submits this statement for the	purpose of	changing it itment as r	ts registered registered
agent. I ai	m familiar with, and accept the obligat	tions of Sect	ion 607 0505. Flo	nda Statut	es.		Day Apr	26	1999	
agent. I ai	m familiar with, and accept the obligat	and title Capplic	cable. (NOTE	Registered A	es.		hyln reinstating)	26 DATE	1999	
agent. I al	m familiar with, and accept the obligat  Sispature, Speed of printed name of registered agent  OFFICERS ANI	and title Capplic	cable. (NOTE	Registered A	es. gent signature		Day Apr	26 DATE	1999	ORS IN 12
agent. I all SIGNATURE  12.	m familiar with, and accept the obligat  Sispature, Speed of printed name of registered agent  OFFICERS ANI	and title Capplic	cable. (NOTE	Registered A	es. gent signature		hyln reinstating)	26 DATE	1999 D DIRECT	ORS IN 12
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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 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS