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 # P93000040492 (9)

NORTH FLORIDA CORPORATION

FILED
May 14 1998 8:00am
Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			. i i dani dan ser i desa i seri dan		
5366 5TH ST		5366 5TH ST	5366 5TH ST					
ST. AUGUSTINE FL 32084		ST. AUGUSTINE FL 32084	ST. AUGUSTINE FL 32084			DO NOT WRITE IN THIS SPACE		
US		U\$	U\$			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						05/27/1993		
	ace of Business	2a. Mailing Address				4, FEI Number	r - 1	Applied For
21		26	· +			59-3189349		Not Applicable
Sulte, Apt. #	f, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State	City & State			5 1 5		
23		- '	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip				This corporation owes or has paid		· · · · · · · · · · · · · · · · · · ·
24	25	29	29 30			Personal Property Tax due Jurie 30. Yes No		
	g. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	istered Agent	
COI	HEN, LANCE P			81	Name			
172	3 BLANDING BLVD.		82 Street Add			dress (P.O. Box Number is Not Acceptable)		
SUL	TE 102		534					
JAC	KSONVILLE FL 32210			83				
				84	City		85 Zu	Code 4
				0-	City ST. A	NGUSTINE	ى "EL_	Code 4
11. Pursuant to office of re	o the previsions of Sections 607.6 egistered about, or both, in the St	0502 and 607.1508, Florida Statute: pb: of Florida-Such change was at	s, the al ithorize	bove- d by :	named corpo the corporatio	oration submits this statement for the puon's board of directors. I hereby accept	irpose of changing the appointment a	its registered is registered
agent. I an	n Jamiliar wills, and accept the of	1 #					20	0
SIGNATURE	Signature, typed or printed require of registrate	Tuesto Tono Lagrer and talle of applicable (NOTE:	PO. Registere	3 d Agen	RUSH, it signature required	d when reinstating)	4/22/9	
12.		AND DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICE		
THILE	PTS	DELETE	1.1 1	TLE			L Change	: L. Addition
NAME	BRUSH, JOAN M		1.2 N					
STREET ADDRESS	5366 5TH ST		1.3 S	TREET A	ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			1.4 CITY - ST - ZIP			[] Ohana	I I I I I I I I I I I I I I I I I I I
TITLE	VD DELETE			2.1 TITLE			L Change	Addition
NAME	COLE, SCOTT 5348 5TH ST		2.2 NAME					
STREET ADDRESS	ST AUGUSTINE FL			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP				
CITY-ST-ZIP	OI AUGUSTINE FL	DELETE			- ZIP		·· Change	Addition
TITLE		[Ditti	3.1 TI 3.2 N/				Orange	Addition
NAME OTDEET ADDOCCO					ADDRESS			
STREET ADDRESS			1	INEE I A ITY - ST				
CITY-ST-ZIP TITLE		DELETE	3.4. U		1-4Ir		Change	Addition
NAME		lead Parent	4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST				
TITLE		DELETE 51			4.11		Change	Addition
NAME		_	5.2 N					_
STREET ADDRESS			1		ADORESS			
CITY-ST-ZIP			4	TY-SI				
TITLE		DELETE	6.1 TI		<u> </u>		Change	Addition
NAME		and the second	6.2 N				_ •	
STREET ADDRESS					ADDRESS			ļ
JINGEL ADDINESS			0.00		710			

14. Thereby 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 exportation 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.

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