## 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 # P93000056514 (1)

FILED
Apr 28 1998 8:00am
Secretary of State

Principal Place 3787 OLD MI SUITE 3 JACKSONVILLUS	DOLEBURG RD.	Mailing Address 3787 OLD MIDDLEBU SUITE 3 JACKSONVILLE FL 3: US	-		DO NOT V	WRITE IN THIS		
					07/26/1993			
2. Principal P	Tace of Business	2a. Mailing Address			4. FEI Number		TAI	oplied For
21		26			59-3198059		No	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 💢 be	\$8.75	Additional
22		27			g, Continuate of Clauds Desire		Fee Re	equired
City & Stat	e	City & State			8. Election Campaign Finance	ing		Мау Ве
23		28	1 000		Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	Zip	30 Cou	niry	This corporation owes or h     Personal Property Tax due	•		taogible <b>1</b> No
24	9. Name and Address of Curre	29 ant Registered Agent	]30]		10. Name and Address of Ne			7 140
RA	SS, ROBERT W.			81 Name				
	67 OLD MIDDLEBURG RD.		,	Kim F	lubbard, C.P.A.			
SUITE 3			İ	62 Street Add	Street Address (P.O. Box Number is Not Acceptable) Conner, Hubbard & Co., P.A.			
	CKSONVILLE FL 32210			83		<del></del>		
			ļ	1106 84 City	Park Avenue		05   7in	Codo
				Orang	ge Park	FL	■ 85 Zip 320	73
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	502 and 607.1508, Florida State of Florida State of Florida, Such change w	atutes, the ab as authorized Florida State	ove-named cor by the corpora	poration submits this statement for ition's board of directors. I hereby	the purpose accept the ap	of changing it pointment as	ts registered registered
SIGNATURE	IZa KIJI I I	116	Kim Hı	ıbbard, (	1.P.A.	4-20-	98	
SIGNATORE	Signature, typed or printed name of registered a	igent and title it private (	NOTE Registered	Agent signature requ	lred when reinstaling)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD PAGE BORERT W	L DELETE	1.1 TIT	1			∐ Change	Addition
NAME	BASS, ROBERT W		1.2 NA	-				
STREET ADDRESS	1436 RIVERGATE DR.		1	REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	DELETE		Y-ST-ZIP			Change	Addition
TITLE	SCHRIEFER, FRED	Ŭ DELETE	2.1 TIT	1			☐ cirail@s	CT) Addition
NAME	8649 ALLWINE CT.		2.2 NA	1				
STREET ADDRESS	JACKSONVILLE FL			REET ADDRESS			•	
CITY-ST-ZIP TITLE	VP	DELETE	3.1 TIT	TY-ST-ZIP			Change	Addition
NAME	MCMAHON, STEPHEN		3.2 NA				C Sumango	
STREET ADDRESS	11259 SOUTHINGTON PLAC	ĈF		REET ADDRESS				
CITY-ST-ZIP	JACKSONMILLE FL	- <b>-</b>		IY-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT				Change	Addition
NAME			4 2 N		-		•	-
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TH				☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRESS				
CITY-ST-ZIP	L		6.4 Cm	Y-ST-ZIP				
	certify that the information supplied							
officer or Block 12	on this annual report or supplement director of the corporation or the re- or Block 13 if changed, or on an att	ical aminual report is true and iceiver or trustee empowered tachment with an address.	to execute the	extwo.	quired by Chapter 607, Florida Stat	tas ii made u tutes; and that	my name ap	pears in