3-31-98 B 3951 C 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 # P9400008956 (2)

GARDE	EN WITH THE ADDED TOU	ICH, INC.								
Principal Place of Business Mailing Address							a lambada eko lalar aratr anest anest galer alest ga	JU 18119 18181 BF	HIO 601 1991	
4380 LAKESIDE ORIVE 4380 LAKESIDE DRIVE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210										
						-	DO NOT WRITE IN THIS	SPACE		
						}	3. Date Incorporated or Qualified 01/24/1994		1	
2, Principal P	Place of Business	2a, Mailing Address							pplied For	
21		26						ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional		
22		27			_	6. Ostanouto o ottata positio	Fee R	beriupe		
City & Stat	le	City & State] -	6. Election Campaign Financing		May Be		
23	Country	28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	}	untry	,	1	8. This corporation owes or has paid the cu		tangible	
24	25 g. Name and Address of Curre	29 Agent	30	_	 -		Personal Property Tax due June 30, Name and Address of New Registered		7 1/00	
QIC	SK, PATRICIA W			81	Name		U. Hallo dia regione di Heli Nagletalea	Agont		
4380 LAKESIDE DRIVE										
JACKSONVILLE FL 32210				82	Street A	Address	(P.O. Box Number is Not Acceptable)		1	
	OHOO! THELE I E SEE TO			63	r					
				84				- 12 - 1 - 2 - 1		
					City	FL 85 Zip Code				
11, Pursuant office or t agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Stat an femiliar with, and accept the oblig	i02 and 607.1508, Florida Sta e of Florida, Such change wa gations of, Section 607.0505,	itutes, the assauthorize	bove d by atutes	e-named the corp s.	corporal poration's	tion submits this statement for the purpose of sboard of directors. I hereby accept the app	f changing it pointment as	ts registered registered	
	Signature, typed or printed name of registered as		NOTE Register	ed Age	enutangra Ins	required wi				
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	UT. 5			ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTOR Change	RS IN 12	
NAME	SISK, PATRICIA W			1.1 TITLE 1.2 NAME		l			L Addition)	
STREET ADDRESS	4380 LAKESIDE DRIVE				1.3 STREET ADDRESS				()	
CITY-ST-ZIP	JACKSONVILLE FL 32210				TY-ST-ZIP				Į!	
TITLE	DELETE 2.1				11-211	 		Change	Addition	
NAME			. 22 NA		1			_		
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CITY-ST-ZIP		2.4		2. 4 CITY - ST - ZIP					ļ	
TITLE		DELETE 3.1 T		TLE				Change	Addition	
NAME			3.2 N		3.2 NAME]	
STREET ADDRESS			3.3 \$	TREET	ADDRESS					
CITY - ST - ZIP					ST-ZIP					
TITLE		DELETE	4.1 T	ITLE	ļ			Change	Addition	
NAME			4.21	NAME)					
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		T been		ITY-S	T-ZIP	<u> </u>		Tion		
TITLE		DELETE	5.1 T)			Change	☐ Addition	
NAME			5.2 N	IAME						

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZiP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: Patricia W. Sul

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

tatricia W. Sisk

3-27-98

904-388-4224

Change

☐ Addition

FILED

Mar 31 1998 8:00am

Secretary of State