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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90053 036 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000048230

SIGNATURE:

K & E ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address							2/20/ /2//0		
6847 DAYTON I	PD .	6847 DAYTON RD	6847 DAYTON RD						
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210						TO NOT WOUTE IN THE	0.00405		
US US						DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed 06/23/1994			
Principal Place of Business     2a, Mailing Address						4. FEI Number	Ap	plied For	
21		26	26			59-3252387	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional		
22		27	27			3. Certificate of States Desired	· Fee Re	Fee Required	
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			This corporation owes the current year Intangible			
24	25	29	0			Personal Property Tax.	Yes	□No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registere	d∕Ageht		
			81	Name				ĺ	
	KER, KARL A		82	Street	Δddre	ss (P.O. Box Number is Not Acceptable)			
6847 DAYTON RD			02	Street Address (P.O. Box Number is Not Acceptable)			ļ.		
JACH	(SONVILLE FL 32210		83				•		
							T == 1" = 1 .		
			84	City		F	85 Zip (	Code	
office or r	registered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was aut ligations of, Section 607.0505, Flori	horized by da Statutes	the corp s.	ooration	ration submits this statement for the purpose of sound of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
	Signature, typed or printed name of registered			nt signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12	
12.		AND DIRECTORS	13. 1.1 TITLE		1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	D REOVED KADI A	☐ pereie	1				CJ orrange		
NAME	BECKER, KARL A.		1.2 NAME			·		1	
STREET ADDRESS			1.3 STREE	TADDRESS	3				
CITY-ST-ZIP			1.4 CITY-5	T-ZIP	+			- Addition	
TITLE	P	☐ DELETE	2.1 TITLE			•	Change	☐ Addition	
NAME	BECKER, EILEEN T		2.2 NAME					ļ	
STREET ADDRESS	6847 DAYTON RD 238		2.3 STREE	T ADDRESS	3				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY:	ST-ZIP		The second section of the sect	-		
TITLE	☐ DELETE 3.		3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NAME					1	
STREET ADDRESS			3.3 STREE	TADDRESS	3				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE			4.1 TITLE				☐ Change	☐ Addition	
NAME			4, 2 NAME					. }	
STREET ADDRESS			4.3 STREE	TADDRESS	3				
1			4.4 CITY-1						
CITY-ST-ZIP			5.1 TITLE		<del> </del>		Change	☐ Addition	
NAME		<u> </u>	5.2 NAME				· ·	{	
1				T ADDRESS	s				
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	71 - CII	+-	V	Change	Addition	
TITLE		□ Detere	6.2 NAME						
NAME								<b>†</b>	
STREET ADDRESS	1		0.3 \$ IKE	T ADDRESS	<sup>3</sup>				

6.4 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 of 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.

SIGNING OFFICER OR DIRECTOR