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 # P94000077496 1. Corporation Name

Principal Place of Busine
4314 PABLO OAKS CT JACKSONVILLE FL 32224
110

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90082 005 ***150.00

IIMBER	LIN EQUITY, INC.				3				
Principal Plac	e of Business	Mailing Address				i iabilabi iza tatii Albii Baili abili aarii) 	SIS ISIIS SIII ISII	
4314 PABLO C	DAKS CT	4314 PABLO OAKS CTR							
JACKSONVILLE FL 32224 JACKSONVILLE FL 32224						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						10/17/1994		ł	
O. Mollin Address						4. FEI Number		Applied For	
2. Principal P	cipal Place of Business 2a. Mailing Address					· · · · · · · · · · · · · · · · · · ·		Not Applicable	
21	26 Suite, Apt. #, etc.					39 3212 109		Additional	
				5. Certifcate of Status Desired		5. Certificate of Status Desired	Fee Required		
City & Stat						6. Election Campaign Financing	ancing S5.00 May Be		
— ·		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Count	ту		8. This corporation owes the current year	r Intangible		
24	25	<u> </u>	30		,	Personal Property Tax:	☐ Yes	□No	
<u></u>	9. Name and Address of Currer					10. Name and Address of New Registe	red Agent		
			8	1 Name					
0'8	STEEN, ROGER M			2 Circot	Ourset Address (D.O. Day Number in Net Acceptable)				
4314 PABLO OAKS COURT JACKSONVILLE FL 32224			ľ	82 Street Address (P.O. Box Number is Not Acceptable)				_	
			8	3					
			L	4 20			95 7	p Code	
			8	4 City			FL 85 Zi	h Code	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER:			
TITLE	D	☐ DELETE	1.1 TITLE		DI	P	Linang	te	
NAME	O'STEEN, ROGER M		1,2 NAME						
STREET ADDRESS			1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CiTY-		↓			Addition	
TITLE		☐ DELETE	2.1 TITLE	i .	5	ecretary	Chang	ge X Addition	
NAME	}		2.2 NAM	E	[auren owens			
STREET ADDRESS	;		2.3 STRE	ET ADDRESS	43	CI 22224		•	
CITY-ST-ZIP			2.4 CITY		Ja	cks-nville, FL 32224	Chang	e	
TITLE		☐ DELETE	3.1 TITLE					le 🗆 vacuton	
NAME			3.2 NAMI						
STREET ADDRESS	6			ET ADDRESS					
CITY-ST-ZIP		Florier	3.4. CITY		 		☐ Chang	ge [] Addition	
TITLE		☐ DELETE	4.1 TITLE				∵ cuan	المستمد ا	
NAME			4. 2 NAM		.]	•			
STREET ADDRESS	<u> </u>			ET ADDRESS	1				
CITY-ST-ZIP		☐ DELETE	4.4 CITY		+-		☐ Chang	ge Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAM					g- [],100.0011	
NAME				ET ADDRESS					
STREET ADDRESS	?[•		7				
CITY-ST-ZIP		CI DOLOTE	5.4 CITY 6.1 TITLE		+-		Chang	ge Addition	
TITLE		☐ DÉLETE	6.2 NAM					g	
NAME				E ET ADDRESS	,				
STREET ADDRESS	il .		0.3 STK	THE MUDICION	1				

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 supplied anual 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Roger M. O'Stun 2/1/99