03-24-1999 90071 034 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000092124

1. Corporation Name

EIVIDASS	Y MOHIC	GAGE CORPORATI	ON								<b>18</b>   1   1   1   1   1   1   1   1   1		
Principal Place	o of Business		Mailinn	Address						OLOGI EDILI OBIH OBIH			
		•	_										
4540 SOUTHSIDE BLVD SUITE #902-A SUITE #902-A													
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216								DO NOT WRITE IN THIS SPACE					
US								3. Da	3. Date Incorporated or Qualifed				
١								12	/21/1994				
Principal Place of Business     2a. Mailing Address								l Number			Applied For		
21			26					59	<u>-3284601                                    </u>			Not Applicable	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			5 Cs	rtifcate of Status	Desired		Additional		
22 . –			27	- 2 :	<u></u>					<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	Fee I	Required	
City & State			City	City & State					6. Election Campaign Financing \$5.00 May Be				
23			28						ust Fund Contribu	ution		d to Fees	
Zip I	_	Country	Zip		0	Country		1 -	is corporation ow	-		l	
24		25	29		30				rsonal Property		Yes	□No	
\	9. Name	and Address of Curren	t Registered	d Agent_				10. Na	me and Addres	s of New Regist	erea Agent		
, NAVAD	n DAREDI	r E 111				81	Name					j	
	id, robert ' Belle riv					82	82 Street Address (P.O. Box Number is Not Acceptable)						
ì ,	KSONVILLE												
JACI	COUNTELL	1 L 32230				83							
!						84	City				FL 85 Zi	p Code	
11 Pursuant	to the provis	ions of Sections 607.050 ent, or both, in the State	2 and 607.1	508, Florida Statu	ites, the	e above	ı e-named	corporation su	ibmits this staten	nent for the purpo	se of changing	its registered	
office or r	egistered ag	ent, or both, in the State	of Florida, S	uch change was	authoriz	zed by	the corpo	oration's board	of directors. I he	ereby accept the	appointment as	registered	
	ım famillar wi	ith, and accept the obligation		اع ,دددد کوم الملک	orida S	tatutes	•			<b>₹</b> - :	12-99		
agent. I a	RL	سر جي س	مسل	(يخ			•	equired when reins	ating)	<u>3-3</u>	12- 99 TE		
SIGNATURE	RL		and title if appli	cable. (NOT	E: Registe		•		ating)			TORS IN 12	
	RL	or printed name of registered ager	and title if appli	cable. (NOT	E: Registe	ered Ager	•						
SIGNATURE 12.	Signature, typed	or printed name of registered ager OFFICERS AN	and title if appli	cable. (NOT	E: Registe	ered Ager	•				RS AND DIREC		
SIGNATURE  12.  TITLE  NAME	Signature, typed P WARD, R	or printed name of registered ager OFFICERS AN	and title if appli	cable. (NOT	E: Registe	ered Ager 13. 1 TITLE 2 NAME	•				RS AND DIREC		
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

904-928-0102