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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000021968 (9) LEE POPWELL, D.C., P.A.

Mailing Address

FILED Feb 25 1998 8:00am Secretary of State



Fillicipal Flace of Busilioss			Maining / Kitchedo				
130 4TH AVENUE, SOUTH JACKSONVILLE BEACH FL 32250			130 4TH AVENUE. SOUTH JACKSONVILLE BEACH FL 32250				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 03/17/1995
		7 6-	Karima A addica		_		4. FEI Number Applied For
			2e. Mailing Address				59-3304403 Not Applicable
Prite Apl H etc			Suite, Apt. #, etc.				\$9.7E * 34811
Suite, Apt. W, etc.			27]				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	try	-	8. This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Regis	tered Agent		• •		10. Name and Address of New Registered Agent
CO	ATES, IONA			8	11	Name	
6212 SYRINGA LANE				ē	12	Street Add	ress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32211				ē	3		
				ē	14	City	FI 85 Zip Code
			45 77 65 E		1		poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
	Signature: typed or printed name of registered as OFFICERS AN			OTE Registered	Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	ic) Dirti.C	DELETE	1.1 TITL			Change Addition
TITLE NAME	POPWELL, LEE D.C.		CJ Pretri	1.2 NAM			
STREET ADDRESS	130 4TH AVENUE, SOUTH				-	ADOBECC	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	32250	50		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	D		DELETE	2.1 TITE			Change Addition
NAME	POPWELL, ELIZABETH E		_	2.2 NAM			•
STREET ADDRESS	130 4TH AVENUE, SOUTH					ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	32250		2. 4 CIT	Y-5	ST-ZIP	
TITLE		_ · 	DELETE	3.1 TITL			Change Addition
NAME				3.2 NAN	AE.		
STREET ADDRESS				3.3 STA	EET	ADDRESS	
CITY-ST-ZIP				3.4. CIT	Y - 8	ST-ZIP	
TITLE	☐ DELETE			4.1 TeYL	E		☐ Change ☐ Addition
NAME				4. 2 NA	ME		
STREET ADDRESS				43 STR	EET	ADDRESS	
CITY+ST-ZIP				4.4 CIT		ST-ZIP	
TITLE			☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME				5.2 NAN	Æ		
STREET ADDRESS	•			5.3 STR	EET	ADDRESS	
CITY-ST-ZIP				5.4 CIT	_	ST-ZIP	
TITLE			☐ DELETE	6.1 TITL	.E		Change Addition
NAME				6.2 NAM			
STREET ADDRESS				6.3 STR	EET	ADDRESS	
CITY-ST-ZIP				6.4 CIT	Y-S	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 it changed, or on an altractment with an address

2/19/28