PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90007 043 ***150.00

DOCUMENT # P95000052772

Principal Ptaci		Mailing Address 5540 HIGHWAY AVENUE	- derig in Maria	erand Langue angle			
JACKSONVILLE FL 32254		JACKSONVILLE FL 32254		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					06/30/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEi Number		pplied For
1	· · · · · · · · · · · · · · · · · · ·	26	<u> </u>		59-3321083		iot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	¥	Additional Required
City & Stat	e	City & State		,	6. Election Campaign Financing) May Be
η		28			Trust Fund Contribution	Addec	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curre		C
4	25		30	 	Personal Property Tax.	XYes	□No
	9. Name and Address of Curre	ent Registered Agent		1 Name	10. Name and Address of New R	aðierai an Wilairt	
1400	RITT, JACQUELINE		Ľ				
	HIGHWAY AVENUE	•	8:	2 Street Add	iress (P.O. Box Number is Not Acceptal	b le)	
	KSONVILLE FL 32254		8:	3			
QAQ1	NOOTHILLE I'L OLLOT			<u> </u>			
			8	4 City		FL 85 Zlp	Code
Pursuant office or nagent. I a	to the provisions of Sections 607.05 epistered agent, or both, in the State in familiar with, and accept the oblig	602 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flor	es, the aboruthorized bridge Statute	ys-named corporal y the corporal	poration submits this statement for the plon's board of directors. I hereby accept		a registered egistered
SIGNATURE	Sales elected in Sprature of registered as	PLEASE I APPROADIO. (NOTE.	: Registered Ag		red when reinstating)	purpose of changing is the appointment as of BB3/49 DATE	
GIGNATURE	Streeture, typid or protect name of registered and OFFICERS A	Percoll		ent signature requin	<u></u>	purpose of changing is the appointment as of BB3/49 DATE	ORS IN 12
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riverably certify that the information supplied with this filling does not quality for the exemption stated in Section, 119,07(3)(i), Florida Statutes. I further certify that the informational 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 congression 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 chapted, or on an attachment with an address, with all other like empowered.