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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000062031 (6)

HAZOURI & ASSOCIATES, INC.

FILED Feb 02 1998 8:00am Secretary of State

Principal Place 8133 BAYMEI G/G-GRENAL JACKSONVILL US	ADOWS WAY D <del>er-appeby-oolling g-00</del>	Mailing Address P O BOX 56534 C/O ONENABIER APPPERT WOLLING 8 OO JACKSONVILLE FL 32241 US		N6-8-00	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
••		•			08/07/1995
	ace of Business	2a. Mailing Address			4. FEI Number Applied For
5991 Chester Ave.		26			59-3332319 Not Applicable
Suite, Apt. #, etc. 2 Suite 210		Suite, Apt. #, etc.	27		5. Certificate of Status Desired See Required Fee Required
City & State  Jacksonville, FL		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 322	[25]	Zip	30 Coul	ntry	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30.   Yes  No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
48: JA	EQLER, STEVEN C 55 SALISBURY ROAD SUITE 39 CKSONVILLE FL 32256 o the provisions of Sections 607.050 splistered agent, or both, in the State in familiar with, and accept the oblig		}	217 83 City Pon	Ponte Vedra Park Drive  te Vedra Beach corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	pol and title if applicable (NO	IF Begistered	Anont signal year	required when reinstating) DATE
12.		D DIRECTORS	13.	riginit organization (	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	☐ DELETE	1.1 TiT	LE	K Change ☐ Addition
NAME	HAZOURI THOMAS		1.2 NA	ME	
STREET ADDRESS	8133 BAY MEADOWS WAY		1.3 STF	IEET ADDRESS	5991 Chester Ave. Suite 210
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP	Jacksonville, FL 32217
TITLE		☐ DELETE	21 111	1	Change Addition
NAME	•		2.2 NA		
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2. 4 CI	Y-ST-ZIP	☐ Change ☐ Addition
NAME		_ beece	3.2 NA	· [	Onlings
STREET ADDRESS				FET ADDRESS	
CITY-S1-ZIP				Y-ST-ZIP	
TITLE		DELETE	4.1 TIT	_ : <u>-</u> -	☐ Change ☐ Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 ST	EET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 TIT	.E.	☐ Change ☐ Addition
NAME			5.2 NA	AE .	
STREET ADDRESS			5.3 STF	EET ADDRESS	
CITY-ST-ZIP			5.4 CIT	Y - ST - ZIP	
TITLE		☐ DELETE	6.1 TITI	.E	Change Addition
NAME			6.2 NAI	AE	
STREET ADDRESS			63 STA	EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
indicated (	an thic annual rapart or cumplements	al appual raport is true and and	aurata and	that my clan	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: Horon

Thomas / the our of 2/2