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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067960 (1)

FILED Mar 24 1998 8:00am Secretary of State

FLOHIL	DA COLO	HS, INC.								
Principal Plac	ne of Busines	26	Mailing Add	drees				-{		DIAM D a m (DD)
l										
3140 BENT CREEK LANE 3140 BENT CREEK LANE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216										
Augustine is Africa								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								08/31/1995		
2. Principal F	Place of Busi	ness	2a. Mailing	2a. Mailing Address				4. FEI Number		Applied For
21	# -1-		26]	_ † _ · · · · · · · · · · · · · · · · · ·				59-3335998		Not Applicable
Suite, Apt. #, etc			Suite, Apt #, etc.				5. Certificate of Status Desired		Additional	
City & State			City & State						Required	
23			28				6, Election Campaign Financing Trust Fund Contribution		May Be	
Zip		Country	7 _{IP}		Countr	····				d to Fees
24		25	29	la.	30			This corporation owes or has paid the cu Personal Property Tax due June 30.	_ ′	Intangible No
	g. Name	and Address of Curre			.,	_		10. Name and Address of New Registered		
PE		THOMAS L JR.			81	Ī	Name			
3140 BENT CREEK LANE					82	<u>. L</u>				
		LE FL 32216					Street Addres	ss (P.O. Box Number is Not Acceptable)		
, ,					83	;				
						┖				
					84		City	FL	85 Zij	p Code
11. Pursuant	to the provis	sions of Sections 607.050	02 and 607.1508,	Florida Statutes	the abov	e-n	named corpo	votion authorite this statement for the numbers	f changing	its registered
office or r	registered ag	gent, or both, in the State ith, and accept the oblig	o of Florida. Such	change was au	thorized b	v tr	he corporatio	on's board of directors. I hereby accept the app	ointment a	as registered
•	- 17	nn, and accept the cang	intiona of, occion	007.0303, 11011	da Sialule	ю.				
SIGNATURE	Signature, lypec	for printed name of registered ap	ent and the if applicable	(NOTE	Registered Ag	ent e	signature required	of when reinstating) DATE		
12.		OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	ORS IN 12
TITLE	PDT			DELETE	1.1 TITLE				Change	e Addition
NAME		SON, THOMAS L JR			1.2 NAME					•
STREET ADDRESS		ENT CREEK LANE			1.3 STREE	I AD	DAESS			li li
CITY-ST-ZIP		DNMLLE FL 32216			1.4 DITY-	ST-Z	ZIP			
TITLÉ	SD		L	DELETE	2.1 TITLE				Change	B Addition C
NAME		SON, CHERYL R			2.2 NAME			-		
STREET ADDRESS		ENT CREEK LANE			2.3 STREE	T AD	DRESS			
CITY-ST-ZIP	JAUKS	DIVILLE FL 32216			2. 4 CITY -	ST-	ZIP			
TITLE			L	DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREE					
CITY-ST-ZIP	ļ <u>.</u>			DELETE	3.4. CITY-	ST-	ZIP		T 7 0	
TITLE	ļ		L	DELETE	4.1 TITLE				Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREE					
CITY-ST-ZIP TITLE	 		т	DELETE	4.4 CITY-1	ST - Z	ZIP -		Change	Addition
NAME			L		5.1 TITLE		1		change	L.J AUGIIOII
					5.2 NAME					
STREET ADDRESS					5.3 STREET		1			
CITY-ST-ZIP TITLE	 		г	DELETE	5.4 City - 3	>1 - Z	ar		☐ Change	Addition
			Ĺ		6.1 TITLE		1		- crange	- Addition
NAME EXPLET ADDRESS	1				6.2 NAME					
STREET ADDRESS					6.3 STREET					
CITY-ST-ZIP	Cortify that th	o information enveloped a	ith this films stope	not qualify for	6.4 CITY-S			action 110.07(2)(i) Florido Statutas I further ac	utific that th	an information

Interest certify that the information supplied with risk liting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplemental arrival 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.

(904)