SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000084359 (5)

SUN-QUEST TANNING SALON, INC.

FILED Aug 05 1998 8:00am Secretary of State



1440-33 DUNN AVENUE JACKSONVILLE FL 32218 1440-33 DUNN AVENUE JACKSONVILLE FL 32218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1995 10/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3347425 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional	Dringland Diag	o of Quelooss	Mailing Address				8 #1 8188 8 11181 818#8 1#4 1#81
JACKSONVILLE FL 3218 JACKSONVILLE FL 3218 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/27/1995 10/27/1995 4. FEI Number 59-3347425 Not Applied For Not Applied For Suite, Apt. #, etc. Size City & State City & State City & State City & State 28 Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi	Principal Place of Business		· ·				
2. Principal Place of Business 3. Date Incorporated or Qualified 10/27/1995 3. Page 10/27/1995 3. Certificate of Status Desired		· · · · • ·					
2. Principal Place of Business 2. Mailing Address 2. El Number Applied For 59-3347425 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27 State Status Desired \$8.75 Additional Fee Required 23 28 State Status Fee Required City & State City & State Status Fee Required 24 Zip Country Zip Country 25 Zip Zip Zip Zip Zip Represented Agent HIGGINBÖTHAM, WILLIAM T 1440-33 DUNN AVENUE JACKSONVILLE FL 32218 31 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 Street Address (P.O. Box Number is Not Acceptable) 34 City FL 85 Zip Code 35 Street Address (P.O. Box Number is Not Acceptable) 36 City FL 85 Zip Code 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 31 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its r	JACKSONVILLE FL 32218		JACKSONVILLE PL 32218			DO NOT WRITE IN THIS	8P ACE
28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. City & State 25. Country 26. Suite						· ·	
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	Place of Business	2a. Mailing Address	· · ·			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26			59-3347425	Not Applicable
City & State City		. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
Zip	22		27			5. Certificate of Status Desired	Fee Required
Zip Country Zip Country Zip Country Stip Country Stip Country Stip Country Stip Country Stip Stireet Address of Country Stip Stireet Address of Country Stip Stireet Address of Country Stip Stip Stireet Address of New Registered Agent Stip Stireet Address of New Registered Agent Stireet Address of New Registered			City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
25	23		28			Trust Fund Contribution	
Place and Address of Current Registered Agent HIGGINBOTHAM, WILLIAM T 1440-33 DUNN AVENUE JACKSONVILLE FL 32218 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. 85 Signature 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE PD HIGGINBOTHAM, WILLIAM T 1.2 NAME HIGGINBOTHAM, WILLIAM T 1.2 NAME JACKSONVILLE FL 32218 TITLE DELETE 2.1 TITLE THE Change Addition Addition	Zip	Country	Zip	Cour	ntry		
HIGGINBOTHAM, WILLIAM T 1440-33 QUNN AVENUE JACKSONVILLE FL 32218 82 Street Address (P.O. Box Number is Not Acceptable) 83	24			30			
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicance. (NOTE: Registered Agent senature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD UDELETE 1.1 TITLE PD Change Addition Addition 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE Change Addition Addition Change Addition			t Registered Agent			10. Name and Address of New Registered A	igent
JACKSONVILLE FL 32218 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicative. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 1.4 CITY-ST-ZIP DELETE DELETE DELETE Addition Change Addition	HIG	GINBOTHAM, WILLIAM T			81 Name		
JACKSONVILLE FL 32218 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature, typed or printed name of registered agent; and title if application. In the Signature required when reinstelling. In th	144	0-33 DU NN AVENUE		82 Street Ad-		ress (P.O. Box Number is Not Acceptable)	
83 84 City 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PLICATION OFFICERS AND DIRECTORS IN 12 Change Addition 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE Change Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition	JAC	KSONVILLE FL 32218					·
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tibe if applicable.		•		Ī	83		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tibe if applicable.				_	94 64.		lee Zin Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application. (NOTE Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE HIGGINBOTHAM, WILLIAM T 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE Change Addition Change Addition Addition Change Addition Addition Change Addition Addition					64 City	FL	85 Zip Code
Addition TITLE	11. Pursuan	t to the provisions of sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named corpo	pration submits this statement for the purpose of cha	anging its registered
Signature, typed or printed name of registered agent and title if anythcasive. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD HIGGINBOTHAM, WILLIAM T STREET ADDRESS CITY-ST-ZIP TITLE STD NOTE Registered Agent signature required when reinstalling) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 L						ion's board of directors. I hereby accept the appoin	tment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAME HIGGINBOTHAM, WILLIAM T 1.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE STD DELETE 2.1 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.4 LOTY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition	SIGNATURE		o) and little if apply and a	TE: Pagistars	ad ågani sonatura rer	nuited when reinstalling) DATE	
TITLE PD DELETE 1.1 TITLE Change Addition NAME HIGGINBOTHAM, WILLIAM T 1.2 NAME 1.2 NAME 1.2 NAME 1.2416 WOODLAND DRIVE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE 2.1 TITLE Change Addition	12.				od rigorit digitalisi o roc	·	D DIRECTORS IN 12
NAME HIGGINBOTHAM, WILLIAM T 12 NAME STREET ADDRESS 12418 WOODLAND DRIVE 1.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32218 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE 2.1 TITLE Change Addition					LE T		
STREET ADDRESS 12416 WOODLAND DRIVE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TITLE STD DELETE 2.1 TITLE 2.1 TITL			C. Detere	1.2 NAN	uF	_	_ change reconcil
CITY-ST-ZIP JACKSONVILLE FL 32218 1.4 CITY-ST-ZIP TITLE STD DELETE 2.1 TITLE Change Addition							
TITLE STD DELETE 2.1 TITLE Change Addition							
			[] DELETE				Change Addition
rawe (thought apply that the terms of the te		1 - · · ·	CT DEFEIR			L	Change [] Addition
STREET ADDRESS 12416 WOODLAND DRIVE 2.3 STREET ADDRESS							
HANGON WILE TO ARRAS		1					
	~~~	JAONSONVILLE PL 32210					<b>—</b>
E orange E realise			L_J DELETE			L	Change Addition
	STREET ADDRESS						
STREET ADDRESS  3.3 STREET ADDRESS	CITY-ST-ZIP						
STREET ADDRESS  CITY-ST-ZIP  3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		DELETE	1		Ĺ	Change Addition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition	NAME			4.2 NAM	ME		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition	STREET ADDRESS			4.3 STR	EET ADDRESS		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         Change         Addition	CITY-ST-ZIP		W. V W W W	4.4 CiT	Y-ST-ZIP		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS	TITLE		DELETE	5.1 TITL	LĒ		Change Addition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP	NAME			5.2 NAM	ME		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition	STREET ADDRESS	-		5.3 STR	EET ADDRESS		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         Addition         Change         Addition	CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	TITLE		DELETE	6.1 TITL	LE		Change Addition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS	NAME		_	6.2 NAM	ME	-	
STREET ADDRESS	STREET ADDRESS			6.3 STR	EET ADDRESS		
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	CITY-ST-ZIP				Y-ST-ZIP		
TITLE DELETE 3.1 TITLE Change Addition	TITLE NAME STREET ADDRESS		DELETE	3.1 TITL 3.2 NAM 3.3 STR	LE ME EEET ADDRESS		Change Addition
CITY-ST-ZIP JACKSONVILLE FL 32218 24 CITY-ST-ZIP  TITLE DELETE 3.1 TITLE Change Addition	~~~	JAUKSUNVILLE FL 32218	nei ete				Change Addition
TITLE DELETE	TITLE		L DELETE	3.1 TITL	LE	Ł	Change Addition
200445	NAME			3.2 NAM	ME		
NAME. S.C. NAME.	STREET ADDRESS			3.3.STR	EFT ADDRESS		
NAME 5.2 NAME	STREET ADDRESS			3.3 STR	EET ADDRESS		
	CITY-ST-ZIP	<u></u>		3.4 CIT	Y-ST-ZIP		
STREET ADDRESS  3.3 STREET ADDRESS		<del></del>	□ Berete				Channe
STREET ADDRESS  CITY-ST-ZIP  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	TITLE		DELETE	4.1 TITL	Æ		Change
STREET ADDRESS  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP	TITLE		L DELETE	4.1 TITL	Lt	L	] Change    Addition
STREET ADDRESS  GITY-ST-ZIP  3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	NAME			4.2 NAN	ME	•	
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition							
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition	STREET ADDRESS			4.3 STR	EET ADDRESS		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         Change         Addition				4.4 CiT	Y-ST-ZIP		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS			The care				Change Addition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP			[] vcrc ic			L	Change L Mooidon
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition	NAME			5.2 NAM	ME		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition			•	63670	EET ANNOESS		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition	STREET ADDRESS			5.3 STR	EET ADDRESS		
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         Addition         Change         Addition		Ì					
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP							<b>T</b>
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS	HILE		LJ DELETE			L.	Change Addition
STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.5 TITLE         Change         Addition           TITLE         DELETE         6.5 TITLE         Change         Addition	NAME			6.2 NAM	viE		
STREET ADDRESS	STREET ADDRESS			6.3 STR	EET ADDRESS		
STREET ADDRESS	CITY OF 7/D			G A CITY	V CT 7/0		

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.

They Cliente hot hans

1/20/00