## 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 # P95000096369 (0)

R.A. GROVENSTEIN, D.C., P.A.

FILED Mar 30 1998 8:00am Secretary of State



Principal	Place of Busines	s	Mailing Address			. 1981/1981 We 1919/ SHILL SELLY SEL	
	3RD ST.		1427 S. 3RD ST.				
JACKSONVILLE FL 32250			JACKSONVILLE FL 32250			DO NOT MIDITE IN THE ODA OF	
US			US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
2. Principal Place of Business 2s. Mailing Address						12/21/1995 4. FEI Number L Applied For	
<del>-</del>			<del></del>			z pilot to	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$0.75 addition	
22			27			5. Certificate of Status Desired Security Securi	
City & State			City & State				
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Country	Zip Count		ntrv	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 Current Registered Agent						10. Name and Address of New Registered Agent	
		LEIMAN, CPA'S, P.A.			81 Name	The state of the s	
	4217 BAYMEADOWS ROAD, SUITE 2						
JACKSONVILLE FL 32217					<b>62</b> Street	t Address (P.O. Box Number is Not Acceptable)	
	UNCHGOITTIL	LE FL 3221/			B3		
					84 City	FL 85 Zip Code	
11 Our	took to the provin	ions of Castiana 607 050	O and CO7 1500 Florida	Ctatutan the al		d corporation submits this statement for the purpose of changing its registered	
office	e or registered ag	jent, or both, in the State	of Florida. Such change	was authorized	l by the cor	o corporation submits this statement for the purpose of changing its registered rporation'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.							
SIGNATU	JRE						
12.	Signature, lyped	or printed name of registered age OFFICERS AN		(NOTE Registered	Agent signatur	rs required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	OFFICE ITS AIN	DELET		ır	Change Addition	
NAME		NSTEIN, ROBERT A	L. 00001	1.1 NA		ST change - Mountain	
	4474 69	EACH BLVD				1427 5. BRD. STREET	
STREET ADD	MOVO	ONVILLE FL 32250			REET ADDRESS		
CITY-ST-ZII	WASHOOM TELL TE SEES		T nei et	1.4 C			
	_ June				Change		
NAME				2.2 NAME			
STREET ADD	-				reet address		
CITY-ST-ZII	ZIP		T DELET	2. 4 City-St-ZIP DELETE 3.1 Title			
TITLE			☐ DETE			☐ Change ☐ Addition	
NAME				3.2 NA			
STREET ADD					ieet address		
CITY-ST-ZIF	<u>'</u>		□ peres		Y-ST-ZIP		
TITLE			☐ DELET			☐ Change ☐ Addition	
NAME				4. 2 NA			
STREET ADD					EET ADORESS		
CITY-ST-ZIF			FT 8		Y-ST-ZIP		
TITLE			☐ DELET			☐ Change ☐ Addition	
NAME				5.2 NA	AE .		
STREET ADDI	RESS			5.3 STI	EET ADDRESS		
CITY-ST-ZIF					Y-ST-ZIP		
TITLE			DELET			Change Addition	
NAME				6.2 NA	AE .		
STREET ADDR	ESS			6.3 ST	eet address	·	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			/-ST-ZIP		
14. I here	by certify that the	information supplied wi	th this filing does not qually appeared to the	alify for the exe	nption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an	
OTICE	r or alrector of th	e corporation or the rece changed, or on an attac	liver or trustee empowere	ed to execute th	is report as	griature shall have the same legal effect as it made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in	