FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POCOCO

1. 0	Corporation Name TEPHEN STRATE		JUU4	4200					
Prine	cipal Place of Business	М	ailing Address	# 10041004 USB SOCIED BY DESTA					
1301 RIVERPLACE BLVD. SUITE 1638 JACKSONVILLE FL 32207			SU	1301 RIVERPLACE BLVD. SUITE 1638 JACKSONVILLE FL 32207				DO NOT W	
ĺ								 Date Incorporated or Qualife 01/11/1996 	
2. Principal Place of Business			2a.	Mailing Address		··-		4. FEI Number 59-3354147	
S 22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	
23	City & State			City & State	Election Campaign Financing Trust Fund Contribution				
24 24		Country 15	29	Zip	30	Country		This corporation owes the cu Personal Property Tax.	
	9. Name a	nd Address of Curre	nt Regis	tered Agent		-		10. Name and Address of New	
	STRATFORD, ST	EPHEN				81	Name	Đ ¹	
	1301 RIVERPLAC					Street	t Address (P.O. Box Number is Not Accep		
SUITE 1638 JACKSONVILLE FL 32207									
						84			
	omce or registered agei agent. I am familiar with	nt, or both, in the State	of Horic	ia. Such change was a	uthoniz	ed by	the corp	d corporation submits this statement for th poration's board of directors. I hereby acc	
SIGN	NATURE Signature, typed or	printed name of registered age	ent and title i	f applicable. (NOTE	Registe	red Agen	t signature i	e required when reinstating)	
12.		OFFICERS A						ADDITIONS/CHANGES TO O	
TITLE	DPS	D OTERUEN		/ DELETE	1,1	TITLE			

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90099 044 ***150.00



Principal Place of Business Mailing Address										
1301 RIVERPLA	ACE BLVD.	1301 RIVERPLACE BLV[`							
SUITE 1638		SUITE 1638	,,			" v-				
JACKSONVILLE	FL 32207	JACKSONVILLE FL 3220	17		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed					
					01/11/1996					
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26			59-3354147	Not Applicable				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional				
22 City & Sta	4-	27			U. Commodito of States Bessiett	Fee Required				
— -··, -· -·-	te	City & State			6. Election Campaign Financing	\$5.00 May Be				
Zip	Country		0	untry	1 rust Fund Contribution	Added to Fees				
<u> </u>	25	· 🛏 ·		untry	8. This corporation owes the current year Into					
24	9. Name and Address of Curr	rent Pagistered Agent	30		Personal Property Tax.	Yes No				
	5. Maine and Address of Cult	ient Kedisteren Adent		81 Name	10. Name and Address of New Registered	Agent				
STR	atford, stephen			Name		•				
	1 RIVERPLACE BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	•				
	E 1638			83		· · · · · · · · · · · · · · · · · · ·				
JACKSONVILLE FL 32207				63						
5.10				84 City	pan g	85 Zip Code				
11 Pursuant	to the provisions of Sections 607.0	1502 and 607 1509. Elorido Sta	tuton the e	have samed as	poration submits this statement for the purpose of					
Unice or i	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida, Such chande was	s authonzed	1 by the corporat	poration submits this statement for the purpose of the appointment of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the pu	changing its registered itment as registered				
SIGNATURE	Signature, typed or printed name of registered a	coord and title if eastingble	TC. D							
12.		AND DIRECTORS	13.	Agent signature requir						
TITLE	DPS	DELETE	1,1 TD	ne	ADDITIONS/CHANGES TO OFFICERS AN					
NAME	STRATFORD, STEPHEN	/	1.2 N			Change Addition				
STREET ADDRESS	1301 RIVERPLACE BLVD. ST	F 1638 /		REET ADDRESS	•					
CITY-ST-ZIP	JACKSONVILLE FL 32207	,	• •			•				
TITLE	0.1011001111EE 1 E 0EE01	DELETE	2.1 TI	TY-ST-ZIP	*	Change D Addition				
NAME			2.1 NA			☐ Change ☐ Addition				
STREET ADDRESS										
CITY-ST-ZIP			- 6	REET ADDRESS						
TITLE		☐ DELETE	3.1 TIT	TY-ST-ZIP		Change DAddison				
NAME						☐ Change ☐ Addition				
STREET ADDRESS			3.2 NA							
			1	REET ADDRESS	•					
CITY-ST-ZIP TITLE	,	☐ DELETE	3.4. CI	TY-ST-ZIP		——————————————————————————————————————				
NAME			ľ			Change Addition				
STREET ADDRESS			4. 2 NA	.		i				
CITY-ST-ZIP				REET ADDRESS						
TITLE		☐ DELETE		Y-ST-ZIP						
NAME			5.1 TIT 5.2 NAI			☐ Change ☐ Addition				
STREET ADDRESS				REET ADDRESS						
CITY-ST-ZIP						***				
OH 1-01-4F				1		***				
TITLE 1	<u> </u>	□ DELETE	5.4 CIT	Y-ST-ZIP						
TITLE NAME		☐ DELETE	5.4 CIT 6.1 ΤΙΠ	Y-ST-ZIP LE		Change Addition				
NAME		☐ DELETE	5.4 CIT 6.1 TITI 6.2 NAJ	Y-ST-ZIP LE ME		☐ Change ☐ Addition				
		☐ DELETE	5.4 CIT 6.1 TITI 6.2 NAJ 6.3 STF	Y-ST-ZIP LE		☐ Change ☐ Addition				

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 ar attachment with an address, with all other like empowered.

SIGNATURE:

398-0233