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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMEN? OF, STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600005914 (2)

TITAN BUSINESS SERVICES, INC.

FILED Sep 04 1998 8:00am Secretary of State

Addition

Change

9<u>0</u>00026

***550.00

-09/09/98--0104

Principal Place of Business Mailing Address									
6277 POWERS AVENUE 6277 POWERS AVENUE									
JACKSONVILLE FL 32217 US				JACKSONVILLE FL 32217 US				DO NOT WRITE IN THIS SPACE	
00		,,,				3. Date Incorporated or Qualified			
								01/17/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21			h	26				59-3358396 Not Applicable	
Suite, Apt. #, etc.			 -	Suite, Apt. #, etc.				\$8.75 Additional	
22			27	27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Ζιρ		Country		Zip		Country	1	8. This corporation owes or has paid the current year Intangible	
24		25	29		30			Personal Property Tax due June 30. The Yes No	
		and Address of Cur	rent Regist	ered Agent		_		10. Name and Address of New Registered Agent	
2040 COUNTY TUIDO CTOCCT						81 Name			
						82	Street	et Address (P.O. Box Number is Not Acceptable)	
JACK \$O NVILLE BEACH FL 32250							_		
						83]	-	
							City	■■ 85 Zip Code	
						84	City	FL 63 Zip Code	
11. Pursu	ant to the provis	ions of Sections 607.0	502 and 60	7.1508, Florida	Statutes, th	e abov	e-named	ed corporation submits this statement for the purpose of changing its registered	
office agent	or regi ste red ag . I am f am iliar wi	gent, or both, in the St ith, and accept the ob	ate of Florid Jipations of	la. Such change . Section 607.05	was autho 05. Florida	rized by Statute	y the corp s.	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATUI		,							
SIGNATU	Signature, typed	for printed name of registered	agent and title i	f applicable	(NOTE: Regi	stered Ag	ent signature	ure required when reinstating) (DATE	
12.		OFFICERS /	AND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELE	ie .	I 1 THILE		Change Addition	
NAME		i, george			1	2 NAME			
STREET ADDRE		LEISURE LANE NO	RTH			I.3 STREET	ADDRESS	s 🖠	
CITY-ST-ZIP	JACKS	ONVILLE FL 32258				1.4 CITY - S	ST-ZIP		
TITLE	İ			☐ DELE	TE 2	2.1 TITLE	4	Change Addition	
NAME						2.2 NAME			
CHY-SI-ZIP				DELE	IF 3	1 TITLE		Change Addition	
TITLE	1				1	3.2 NAME			
NAME	l						T ADDRESS	s	
STREET ADDR	ess					3.4. CITY -			
CHY-ST-ZIP				DELE		4.1 TITLE	V. F.	Change Addition	
TITLE	1			000		4. 2 NAME			
NAME	1						t address	ss	
STREET ADD	eess				•	4.4 CITY-			
CITY-ST-ZIP				DELE		5.1 TITLE	01 EII	Change Addition	
THEF				L_ DECI		Q.1 11.10C			

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 suppliemental 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 recenter 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 effective mental and the second of the corporation of the recenter of the second of the seco 964.736.6571 1/8/98

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - 7IP

61 TITLE

6.2 NAME

DELETE