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

Mailing Address

US

26

28

6277 POWERS AVENUE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

JACKSONVILLE FL 32217

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9600005914

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

6277 POWERS AVENUE

21

JACKSONVILLE FL 32217

TITAN BUSINESS SERVICES, INC.

Zip	Country	Zip	~	Country		8. This corporation owes to	ne current year In	angible		
4 <sup>Σιμ</sup>	25 29 30		o		Personal Property Tax.		☐Yes	□No		
4]	9. Name and Address of Current I	1			10. Name and Address of New Registered Agent					
<del></del>	5. Name and Addition			81	Name					
LATSHAW, JOHN H JR.					0	ress (P.O. Box Number is Not A	(ccentable)			
3010 SOUTH THIRD STREET					Street Addr	ess (P.O. Box Number is Not)	-ccepiable)	. *		
JACKSONVILLE BEACH FL 32250					<del></del>			{: s,	1. 13. 14	
SACK	SOUTHER DESCRIPTION			83				1 1 1 m	* P. S. 31	
	•			84	City	_ ,	FL	_ !	Code '	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation					poration submits this statement on's board of directors. I hereb	for the purpose or y accept the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: R	Registered Ager	nt signature require	ed when reinstating)	DATE			
	OFFICERS AND			13.	·	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12	
IILE	D		DELETE	1.1 TITLE		* 1.5		☐ Change	Additio	
	ARNAU, GEORGE			1.2 NAME						
VAME	10020 LEISURE LANE NORTH			1.3 STREE	T ADDRESS					
TREET ADDRESS				1.4 CITY-S	T_7IP					
CITY-ST-ZIP	JACKSONVILLE FL 32256		DELETE	2.1 TITLE	71-211		_	☐ Change	☐ Additio	
TITLE			DELETE	2.2 NAME						
VAME I					TADDOECO		•			
STREET ADDRESS				l l	TADDRESS	•		•		
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STREET ADDRESS				5.3 STREE	ET ADDRESS					
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CITY-ST-ZIP		Г	DELETE	6.1 TITLE				Change	☐ Additi	
TIRE				6.2 NAME						
NAME TO S	像家的语言 15 15 15 15 15 15 15 15 15 15 15 15 15			6.3 STRFI	ET ADDRESS					
STREET ADDRESS	PARTER OF BRIDE		•							
CITY-ST-ZIP.		d L Eller A		4h - 4a.	tion stated in	Section 119 07(3)(i) Florida S	tatutes. I further o	ertify that the	information	
14. I hereby	certify that the information supplied with on this annual report or supplemental director of the corporation or the receivers.	n this filing does n annual report is tr ver or trustee emp	ot qualify for ue and accur powered to ex	6.4 CITY- the exemp rate and the coute this	ition stated in	Section 119.07(3)(i), Florida S re shall have the same legal et uired by Chapter 607, Florida	tatutes. I further of fect as if made ur Statutes; and that	ertify that the ider oath; that my name app	informa I I am a pears in	

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

01/17/1996

59-3358396

4. FEI Number

01-28-1999 90018 038 \*\*\*150.00