## **FILED** Mar 09, 1999 8:00 am Secretary of State

## **PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris

	JAL REPOI <b>1999</b>	RI		Secretary of CO			S			03-09	9-199	9 9007	4 018	***1	50.00	
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Principal Plac	e of Business		Mailing Ad	dress				]	1 1 0 0 (10 9)	UN IN IN INC.	<b>1811 83</b> 11	1 83111 89181	ISBIN MICIO		1112 7412 149	
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JACKSONVILLE	FL 32208		JACKSONVI	LLE FL 32208						DO NOT	WRITE	E IN THIS	SPACE			
									Date Incorpor 02/19/199		alifed					
2. Principal P	lace of Busines	ss	Za. Mailing	Address				t	FEI Number						ied For	
21			25	<u>.                                    </u>					<u>59-33859</u>	75					Applicable	ł
Suite, Apt.	#, etc.		<del></del>	Apt. #, etc.				5.	Certificate of	Status Desi	red	· 🗆		(5) Ad e Req	iditional	
22			27 City &	Flaia				-	Election Cam		naine				lay Be	
City & Stat	(e		28	Sizic				1	Trust Fund C		icing			ded to		ļ
23 Zip		Country	Zip		Çour	ntry		+	This corporat		e curre	nt year Int	angible			
24	25		29	3(	0				Personal Pro	<del></del>			Yes		]No	ļ
	9. Name an	d Address of Current	Registered A	gent		64T S		10.	Name and A	ddress of i	New Ro	gistered	Agent			i
LIVE	ers, Louis C				_	81 N	ame			- <u>, , ,</u>		<u>سيده بــــــــــــــــــــــــــــــــــــ</u>		-		
3113	3 RIBAULT SC	ENIC DRIVE					reet Addres	ess (P.	O. Box Numb	oer is Not A	cceptat	ole)				
JAC	KSONVILLE F	L 32208				83										
					ŀ	84 Ci	ity					FL	85	Zip Co	ebx	1
- 44	A. 16	- 40E PO7 0500	207 1500	Elecida Statutos	the ab		med corno	ration	submits this	statement to	or the D	nimosa of	changin	a its re	agistered	1
11. Pursuant office or r	to the provision	ns of Sections 607.0502 t, or both, in the State o	and 607.1508 f Florida, Such	Florida Statutes.	, the ab	pove-na by the	med corporation	oration n's boa	submits this ard of directo	statement fi rs. I hereby	or the paccept	the appoi	changin ntment s	g its regi	egistered stered	
	to the provision registered agent am familiar with,	is of Sections 607.0502 t, or both, in the State o and accept the obligati	and 607.1508 f Florida. Such ons of, Section	Florida Statutes, change was auth 607.0505, Florid	, the ab horized la Statu	oove-na by the ules.	med corporation	oration n's boa	submits this ard of directo	statement fors. I hereby	or the p accept	the appoi	changin ntment s	g its n	egistered stered	
11. Pursuant office or r agent. I a SIGNATURE		s of Sections 607.0502 t, or both, in the State o and accept the obligation onlied name of registered agent.					med corporation	when rei	instating)			DATE				<u>©</u>
SIGNATURE	Signature, typed or p		and title If applicable	, (NOTE: Re	ngistered /	Agent sign		when rei				DATE	ID DIRE	CTOR	\$ IN 12	11/98)
SIGNATURE  12.  TITLE	Signature, typed or p	onnied name of registered agent OFFICERS AND	and title If applicable		13,	Agent sign		when rei	instating)			DATE		CTOR		4 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or p P MYERS, LO	OFFICERS AND	and title If applicable	, (NOTE: Re	13, 1.1 TITI 1.2 NAI	Agent sign LE ME	sture required v	when rei	instating)			DATE	ID DIRE	CTOR	\$ IN 12	:034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	P MYERS, LO 3113 RIBAU	OFFICERS AND UIS C ILT SCENIC DRIVE	and title If applicable	, (NOTE: Re	13, 1.1 TITI 1.2 NAI 1.3 STF	Agent sign LE ME REET ADD	RESS	when rei	instating)			DATE	ID DIRE	CTOR	\$ IN 12	2E034 (11/98)
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P MYERS, LO 3113 RIBAU JACKSONM	OFFICERS AND	and title If applicable	(NOTE: Re	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent eign LE ME REET ADD	RESS	when rei	instating)			DATE	ID DIRE	CTOR	\$ IN 12	CR2E034 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MYERS, LO 3113 RIBAU JACKSONM ST MYERS, MA	OFFICERS AND UIS C UIT SCENIC DRIVE ILLE FL 32208	and title If applicable	(NOTE: Re	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent eign LE ME REET ADD TY-ST-ZIP	sature required v	when rei	instating)			DATE	ID DIRE	CTOR	S IN 12	CR2E034 (11/98)
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indicated on this annual report or supplied work unisming does not quality for the same legal effect as a finade certify that it are indicated on this annual report or supplied empress and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachness with an address, with all other like empowered.

SIGNATURE: