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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

П

Yes

Change

Addition

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

03/05/1996

59-3368592

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

FEI Number

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000021002 (6)

26

27

28

29

Country

HUSSBAUM, WILLIAM 1851 EXECUTIVE CENTER DR

9. Name and Address of Current Registered Agent

Mailing Address

1319 ROGERO RD

2a. Mailing Address

City & State

Suite Ant #, etc.

JACKSONVILLE FL 32211

KIM LONG, INC.

Principal Place of Business 1319 ROGERO RD

JACKSONVILLE FL 32211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SUITE 102 JACKSONVILLE FL 32207 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation'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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE VOTRAN, HOANG 1.2 NAME NAME 1319 ROGERO RD 1.3 STREET ADDRESS STREET ADDRESS JAX FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Country

81 Name

30

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 supplimental 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 an attachment with an address. April 22, 98 (964)744-4622

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME