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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jan 29 1998 8:00am

	1998	DIVISION OF C	CORPORATIONS	J Secretary of	or State
DOCU 1. Corporation 2-K, IN		0023635 (1)	+		
					14 108
		·			
1	e of Business	Mailing Address		, learings via cours sidl sold sold sold	
363 ATLANTIC BLVD. 363 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 3223			233		
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	
				03/15/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3357740	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes □ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
	ELLER, GREG 2 Mallard trail			(1)	
	INTE VEDRA BEACH FL 32082			ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named corp		
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.					
SIGNATURE		ALOTTIC ALICE	- 0	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		 Registered Agent signature require 13. 	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	KELLER, GREG		1.2 NAME		Ì
STREET ADDRESS	102 MALLARD TRAIL		1.3 STREET ADDRESS		
CITY-ST-Z⊮P	PONTE VEDRA BEACH FL 320		1.4 CITY-ST-ZIP		
TITLE	VSD ALICE	☐ DELETE	2.1 TITLE		L Change L Addition
NAME	KELLER, ALICE 102 MALLARD TRAIL		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	PONTE VEDRA BEACH FL 320	182	2.4 CITY-ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	6.4 CITY-ST-ZIP	Continue 110 07/20/0 Florido Statudos Láuthor	andif. the fiber information

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0), 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 of changed, or on an attachment with an address.

SIGNATURE: