FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT C STATE

Sandra B. Mortha

Secretary of State
DIVISION OF CORPORA IONS

1998

DOCUMENT # P96000033724 (1)

DEBORA E. FRIDIE, ATTORNEY AT LAW, P.A.

FILED Mar 04 1998 8:00am Secretary of State



					38188 35161 38818 14814 4483 1884
Principal Plac	e of Business	Mailing Address		- 1 TOVINEN DIS HOUR ONLY ODIN DON'S DON'S OBJECT OF	40130 41161 49919 11 411 4101 19 81
140 EAST BAY ST. 140 EAST BAY ST.					
JACKSONVILI	LE FL 32202	JACKSONVILLE FL 32202		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	o or Aot.
				04/18/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1/2 WE	EST ADAMS STREET		DAMS STREET	59-3396957	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUIT	E 819	27 SVITE 8	19	5. Certificate of Status Desired	Fee Required
City & Stat		City & State	15-	6. Election Campaign Financing	\$5.00 May Be
	SONVILLE FL	28 JACK SUNVIL		Trust Fund Contribution	Added to Fees
Zip 24 3 27	Country DZ 25 DUVAL	Zip 29 3 2202	Country DUVAL	8. This corporation owes or has paid the o	~ · - ·
24 322	9. Name and Address of Current	29 3 270 2 3	10 DUVIC	Personal Property Tax due June 30. 10. Name and Address of New Registere	<u> </u>
FROM PERODA F					
	O E. BAY ST.	IDIE, DEBORA E			
JACKSONVILLE FL 32202			62 Street Addre	ss (P.O. Box Number is Not Acceptable)	
0,4	ONOO!!!!!!		83		
			501	TE 819	
			84 City AC	KSONVILLE F	L 85 Zip Code 2 2
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	Ditona E.	andie DEB	DEA E. FEI	DIE PRESIDENT 2/	28198
	Signature, typod or printed name of registered agen		Registered Agent signature required		
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	FRIDIE, DEBORA E	₩ herese	1.1 TITLE		Cusuds Chadenon
NAME	1219 W 28TH ST		1.2 NAME		
STREET ADDRESS	JACKSONVILLE FL 32209		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WICHOUTHELE I'L OLLO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		j
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE ADDRESS		-
DATE OF THE			SACITY T 7ID		ì

14. Hereby certify that the information supplied with this filing does not qualify for the exent ion stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and at 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 the leport 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.

268/98 (904)-355-2830