**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039751

1. Corporation Name

| Principal Place of Business                          | Mailing Address                                  |
|--|--|
| 1313 CHARTER COURT EAST<br>JACKSONVILLE FL 32225     | 1313 CHARTER COURT EAST<br>JACKSONVILLE FL 32225 |
|  |  |
| 2. Principal Place of Business                       | 2a. Mailing Address                              |
| Principal Place of Business  21  Suite, Apt. #, etc. | 2a. Mailing Address  26  Suite, Apt. #, etc.     |
| 21   | 26 Suite, Apt. #, etc.                           |
| Suite, Apt. #, etc.                                  | 26 Suite, Apt. #, etc.                           |

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90189 034 \*\*\*150.00



|  |  |  |   |  | -   | THE LEVIL BENCH BONN SON | IS BOTH BOTED           | (1116 18111 1888             |                              |
|--|--|--|---|--|---|--------------------------|-------------------------|------------------------------|------------------------------|
| Principal Place  | e of Business  | Mailing Address  |   |  |   |                          |                         |                              |                              |
| 1313 CHARTER COURT EAST 1313 CHARTER COURT EAST  |  |  |   |  |   |                          |                         |                              |                              |
| JACKSONVILLE FL 32225 JACKSONVILLE FL 32225  |  |  |   |  | DO NOT WRITE IN THIS SPACE                            |                          |                         |                              |                              |
|  |  |  |   |  | 2 Deta Income   | orated or Qualifed       | IE IN THIS              | -                            |                              |
|  |  |  |   |  |   |                          |                         |                              | -                            |
|  |  | · · -  |   |  | 05/07/199   |                          |                         |                              | <del></del>                  |
| <ol><li>Principal Pl</li></ol>   | lace of Business   | 2a. Mailing Addres   | SS  |  | 4. FEI Number   |                          |                         |                              | pplied For                   |
| 21   |  | 26   |   |  | 59-33771  | 32                       |                         |                              | ot Applicable                |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, e   | etc.  |  | 5. Certifcate of                                      | Statue Decired           | п .                     |                              | Additional                   |
| 22   |  | 27   |   |  | 5. Certificate of                                     | Status Desireo           |                         | Fee R                        | equired                      |
| City & State   | e  | City & State   |   |  | 6. Election Car                                       | npaign Financing         |                         | \$5.00                       | May Be                       |
| 23   |  | 28   |   |  | Trust Fund (  | Contribution             |                         |                              | to Fees                      |
| Zip  | Country  | Zip  | Co  | untry  | 8 This corpora  | tion owes the curr       | ent vear Int            | angible                      |                              |
| _  | 25   | 29   | 30  | •  | Personal Pro  |                          |                         | ŬYes                         | □No                          |
| 24   | 9. Name and Address of Curren  |  |   | T  |   | Address of New F         | Registered              | Agent                        |                              |
|  | 9. Name and Address of Currer  | it Negistered Agent  |   | 81 Name  |   |                          |                         |                              |                              |
| OSB.   | ORNE, LEE S ESQ.   |  |   |  | •   |                          |                         |                              |                              |
|  | MONUMENT ROAD, STE. 201  |  |   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                          |                         |                              |                              |
|  |  |  |   |  |   |                          |                         |                              |                              |
| JACI   | KSONVILLE FL 32225   |  |   | 83   |   |                          |                         |                              |                              |
|  |  |  |   | 84 City  |   |                          |                         | 85 Zip                       | Code                         |
|  |  |  |   | City   |   |                          | FL                      | .   55   - 5                 |                              |
| 11 Pursuant  | to the provisions of Sections 607.050  | 2 and 607.1508. Florida  | a Statutes, the   | above-name   | d corporation submits this                            | statement for the        | purpose of              | changing its                 | s registered                 |
| office or re   | registered agent or both in the State.   | of Florida. Such change  | e was authorize   | ed by the cor  | poration's board of directo                           | ors. I hereby accep      | ot the appoi            | ntment as re                 | egistered                    |
| 011100 01 1  |  |  |   |  |   |                          |                         |                              |                              |
| agent. I a   | m familiar with, and accept the obliga   | itions of, Section 607.05  | 505, Florida Sta  | tutes.   |   |                          |                         |                              |                              |
| agent. I a   |  | itions of, Section 607.05  | 505, Fionda Sta   | tutes.   | · · · · · · · · · · · · · · · · · · ·                 |                          | DATE                    |                              |                              |
| agent. I a   | Signature, typed or printed name of registered age   | ntions of, Section 607.05  | (NOTE: Registers  | tutes.<br>Id Agent signature   | a required when reinstating)                          | CHANGES TO DE            | DATE<br>EICEDS AN       | ID DIDECT                    | ORS IN 12                    |
| agent. I an SIGNATURE  | Signature, typed or printed name of registered age OFFICERS AN   | ntions of, Section 607.05 nt and title if applicable. ND DIRECTORS             | (NOTE: Registers  | tutes.<br>ed Agent signature   | ADDITIONS/  | CHANGES TO OF            | FICERS AN               | D DIRECTO                    | ORS IN 12                    |
| agent. I a   | Signature, typed or printed name of registered age OFFICERS AN   | ntions of, Section 607.05  | (NOTE: Registere  | d Agent signature  | ADDITIONS/  | CHANGES TO OF            | FICERS AN               | ID DIRECTO                   | ORS IN 12                    |
| agent. I an SIGNATURE  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II   | nt and title if applicable.  ND DIRECTORS                                      | (NOTE: Registers 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2  | tutes.  d Agent signature  .  ITLE  NAME   | ADDITIONS/  | CHANGES TO OF            | FICERS AN               | D DIRECTO                    | ORS IN 12                    |
| agent. I all SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered age OFFICERS AN   | nt and title if applicable.  ND DIRECTORS                                      | (NOTE: Registers 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2  | d Agent signature  | Edgar Bene<br>1313 Ch                                 | YELL TITT                | FICERS AN               | K Change                     | ORS IN 12                    |
| agent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II   | nt and title if applicable.  ND DIRECTORS                                      | (NOTE: Registers 1.1 1.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3  | tutes.  d Agent signature  .  ITLE  NAME   | Edgar Bene<br>1313 Ch                                 | YELL TITT                | FICERS AN<br>L<br>JOURT | E Ass                        | ☐ Addition                   |
| agent. I as SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ND DIRECTORS                                      | (NOTE: Registere 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4  | d Agent signature . IITLE NAME STREET ADDRES   | ADDITIONS/  | YELL TITT                | FICERS AN<br>L<br>JOURT | K Change                     | ☐ Addition                   |
| agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ID DIRECTORS                                      | (NOTE: Registers 13   | d Agent signature . IITLE NAME STREET ADDRES CITY-ST-ZIP   | Edgar Bene<br>1313 Ch                                 | YELL TITT                | FICERS AN<br>L<br>JOURT | E Ass                        | ☐ Addition                   |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ID DIRECTORS                                      | (NOTE: Registers 13 LETE 1.1 1.2 1.3 1.44 LETE 2.1 2.2  | nd Agent signature . IIILE VAME STREET ADDRES CITY-ST-ZIP IITLE VAME   | Edgar Bene<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | E Ass                        | ☐ Addition                   |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ID DIRECTORS                                      | (NOTE: Registers 13   | INTES.  INTLE  NAME  STREET ADDRES  CITY-ST-ZIP  INTLE  VAME  STREET ADDRES  STREET ADDRES   | Edgar Bene<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | E Ass                        | ☐ Addition                   |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ND DIRECTORS  DEL                                 | (NOTE: Registers   13   1.1   1.2   1.3   1.4   1.5   1.2   1.4   1.5 | Id Agent signature.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE  VAME  STREET ADDRES  CITY-ST-ZIP  CITY-ST-ZIP   | Edgar Bene<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | Change  E Ars 1  5  □ Change | ☐ Addition                   |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ID DIRECTORS                                      | (NOTE: Registers 13   | Id Agent signature.  ITILE  NAME  STREET ADDRES  CITY-ST-ZIP  ITILE  STREET ADDRES  CITY-ST-ZIP  ITILE   | Edgar Bene<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | E Ass                        | ☐ Addition                   |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ND DIRECTORS  DEL                                 | (NOTE: Registers 13   | Id Agent signature.  ITILE  VAME  STREET ADDRES  CITY-ST-ZIP  TITLE  VAME  STREET ADDRES  CITY-ST-ZIP  ITILE  VAME   | Edgar Beng<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | Change  E Ars 1  5  □ Change | ☐ Addition                   |
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| agent. I ai SIGNATURE  12. IIILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE                       | nt and title if applicable.  ND DIRECTORS  DEL                                 | (NOTE: Registers  13 LETE 1.1 1.2 1.3 1.44 LETE 2.1 2.2 2.3 2.4 LETE 3.1 3.2 3.3 3.4  | INTES.  INTE  VAME  STREET ADDRES  CITY-ST-ZIP  INTLE  VAME  STREET ADDRES  CITY-ST-ZIP  INTLE  VAME  STREET ADDRES  CITY-ST-ZIP  INTLE  VAME  STREET ADDRES  STREET ADDRES  | Edgar Beng<br>1313 Ch<br>JACKSONU                     | YELL TITT                | FICERS AN<br>L<br>JOURT | Change  E Ars 1  5  □ Change | Addition  Addition           |
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| agent. I ai SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                               | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE JACKSONVILLE FL 32224 | ntions of, Section 607.08  nt and title if applicable.  ID DIRECTORS  DEL  DEL | (NOTE: Registers  (NOTE: Registers  13 LETE 1.1 1.2 1.3 1.4 1.4 1.2 2.2 2.3 2.4 1.ETE 3.1 3.2 1.4 1.ETE 4.1 4.2 4.3 4.4 1.ETE 5.1 5.2 5.3 5.4   | INTE  Agent signature  INTILE  NAME  STREET ADDRES  CITY-ST-ZIP  ITTLE  NAME  STREET ADDRES  CITY-ST-ZIP   | ADDITIONS/OF  | YELL TITT                | FICERS AN<br>L<br>JOURT | Change  Change  Change       | Addition  Addition  Addition |
| agent. I ai SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | Signature, typed or printed name of registered age OFFICERS AN D BENNETT, EDGAR II 3816 FENWICK ISLAND DRIVE JACKSONVILLE FL 32224 | ntions of, Section 607.08  nt and title if applicable.  ID DIRECTORS  DEL      | (NOTE: Registers  (NOTE: Registers  13 LETE 1.1 1.2 1.3 1.44 LETE 2.1 2.2 2.3 2.4 LETE 3.1 3.2 4.4 LETE 4.1 4.2 4.3 4.4 LETE 5.1 5.2 5.3 5.4 LETE 6.1   | INTES.  INTES.  INTES.  INTES.  INTES.  INTES.  INTES.  INTESTREET ADDRES  INTES.  INT | ADDITIONS/OF  | YELL TITT                | FICERS AN<br>L<br>JOURT | Change  Change               | Addition  Addition  Addition |

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 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 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

HED NAME OF SIGNING OFFICER OR DIRECTOR