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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062915 (9)

M. ALAN CEBALLOS, P.A.

FILED May 13 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing A	ddress						
121 WEST FORSYTH STREET #800 121 WEST FORSYTH STREET #									
JACKSONVILI	LE FL 32202	JACKSON	WILLE FL 32202	!			DO NOT WRITE IN THIS SPACE		
1							3. Date Incorporated or Qualified		
							07/26/1996		
2. Principal P	Place of Business	2a. Mailing	g Address					pplied For	
21		26					59-3393852	ot Applicable	
Suite. Apt. #, etc. Suit 22 27			Suite, Apt. #, etc.				I & Certificate of Status Desired	Additional Regulred	
City & State City & State			State	· · · · · · · · · · · · · · · · · · ·				May Be	
23		28	28					to Fees	
Zip	Country	Zip	Zip Cou			untry 8. This corporation owes or has reaid the current year Intangible		ntangible	
24	25	29		30				□ No	
	g. Name and Address of Curre	ent Registered A	gent	———— <u>—</u>	iΠ	Nome	10. Name and Address of New Registered Agent		
(OLDAGEOS, M A ("	Name	}		
121 West Forsyth Street #900 Jacksonville FL 32202				8	2	Street Add	ress (P.O. Box Number is Not Acceptable)		
				8	13				
				8	14	City	85 Zip	Code	
	60-70	00 . 1007 4600			\perp		FL 1° 1		
office or i	to t ne provisions of Sections 607.05 regi ster ed agent, or both, in the Stat	e of Florida, Sucl	s, Florida Statuli h change was a	es, the abc authorized	≫e. by	-named corp the corporat	poration submits this slatement for the purpose of changing tion's board of directors. I hereby accept the appointment a	s registered	
agent. La	m familiar with, and accept the obli	gations of, Section	on 60 7 0 505, Flo	orida Statut	les.			_	
SIGNATURE	Signature, typed or printed name of registered as	and and blind appeal	WOI	l- Bon-eleten A	loen	d Lippature reput	red when reinstating) DATE		
12.		VD DIRECTORS	The state of the s	13.	- Berri	it oldinata a sedo	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	FIS IN 12	
TITLE	P		DELETE	1.1 1046			☐ Change	☐ Addition	
NAME	CEBALLOS, M A			1.2 NAM	E			Ì	
STREET ADDRESS	121 W FORSYTH ST, STE 9	00		1.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY	-ST	- ZIP		Į.	
TITLE			DELETE	2.1 TITLE	-		Change	Addition	
NAME				2.2 NAM	E.			Ì	
STREET ADDRESS				2.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	<u></u>			2.4 CITY	/-S1	7-ZIP			
TITLE			DELETE	3.1 TITLE	-		☐ Change	Addition	
NAME				3.2 NAM	E				
STREET ADDRESS				3.3 STRE	ET A	ADDRESS		i	
CITY-ST-ZIP				3.4 CITY		T-ZIP			
TITLE			DELETE	4.1 TITLE	-	-	☐ Change	Addition	
NAME				4. 2 NAN	4E				
STREET ADDRESS				4.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP				4.4 CITY		- ZIP			
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAM					
STREET ADDRESS				5.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP			1	54 CITY		- 7IP			
TITLE			DELETE	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAM					
STREET ADDRESS				•		ADDRESS			
CITY-ST-ZIP				6.4 CITY	-ST-	- ZIP		1	

14. Thereby 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 logal effect as if made under eath; 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.

may call

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