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

PROFIT CORPORATION **ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068852 (8)

NETSE Principal Place	e of Business	Mailing Address				
999 BLANDIN SUITE 6	G BLVD	999 BLANDING BLVD Suite 6				
ORANGE PAR	K FL 32065	ORANGE PARK FL 32065			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					08/16/1996	
2. Principal Place of Business		28. Mailing Address		4. FEI Number	Applied For	
21		[26]		59-3395873	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			T	10. Name and Address of New Registers	d Agent
CH	RISTOPHERSON, RICHARD A			81 Name		
4149 DAVIE COURT JACKSONVILLE FL 32210			82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
				3 STEEL AUC	iress (F.O. Box Number is Not Acceptable)	
5				83		
				1		
[84] C				84 City	F	85 Zip Code
SIGNATURE.	Signature hypercon protest have a throughout a	greet and title of appointing		ed Agent signature requ		
12.		ND DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.11	MLE		Change Addition
NAME	MUNCHER, DAVID W		1.2 N	IAME		
STREET ADDRESS	2298 CONSTITUTION DR		1.3 9	TREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073			ITY - ST - ZIP		
TITLE	0	Ü DELETE	2.17	· •		Change Addition
NAME	CHRISTOPHERSON, RICHA	KU A	2.21			
STREET ADDRESS	4149 DAVIE CT			TREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	DELETE		CITY-ST-ZIP		Change 44431aa
TITLE	9	DELETE				Change Addition
NAME	MARCHANT, MAX		3.2 h			
STREET ADDRESS	3210 BEAR RUN BLVD			TREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065	- Nicete		CITY+ST-ZIP		Change Addition
TITLE		L J DELETE	,	Į.		☐ Change ☐ Addition
NAME			1	NAME		
STREET ADORESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE		ITY-ST-ZIP		. Change Addition
TITLE		LT DEGLE	\$.1 T		3000025206 -05/12/98010680	Change Addition
NAME			5.2 A	AME	-05/12/98010680	139

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 legal 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 attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

5.4 CHY - S1 - ZIP

611IILE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

***150.00

FILED

May 08 1998 8:00am

Secretary of State