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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 03 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

		· · ·		
12. OFFICERS AND DIRECTORS  TITLE PSTD DELETE  NAME ALTENBACH, VICKKI S				n sootiaan, sea raisa dissi dasin adisi dalisi dalisi dalisi sadisi sadisi sadisi sadisi sadisi sadisi sadisi
908 3RD ST		806 3RD ST		
				DO ALOT INDITE IN THIS SPACE
	EACH FL 32206		166	DO NOT WRITE IN THIS SPACE
03		00		3. Date Incorporated or Qualified 10/17/1996
9 Principal P	are of Business	2a Mailing Address		4. FEI Number Applied For
	idad of positions		لامدا المحالة	[ ]/ippilod for
	#. etc.	Suite. Apt. #, etc.	A TOUSE NAME	— CQ 75 Additional
		<del> </del>		5. Certificate of Status Desired Fee Required
	0			Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
	Country	- <del></del>	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
SH	ieffield, j. Howard		81 Name	
42	09 BAYMEADOWS RD		82 Street A	ddress (P.O. Box Number is Not Acceptable)
] JA	CKSONVILLE FL 32217		83	
			84 City	85 Zip Code
				FL   T
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, Florida Statute of Florida, Such change was a dions of, Section 607.0505, Flor	s, the above-named c uthorized by the corporida Statutes.	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
]	_			
DIGNATIONE	Signature, typed or printed name of registered agont	and title if applicable (NOTE	Registered Agent signature re	
		7717	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		☐ DELETE	11 TITLE	Change Addition
NAME			1.2 NAME	
STREET ADORESS			1.3 STREET ADDRESS	538 boldeneod Lane North
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY - ST- ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		T DELEVA	2.4 CITY-ST-ZIP	The second secon
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Decese	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		Delete	4.4 CITY - ST - ZIP	Channe I Addition
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-S1-ZIP	☐ Change ☐ Additio
TITLE		□ NETE(C	6.1 TITLE	ET Cuante
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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.

6.4 CITY-ST-ZIP