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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000087175

1. Corporation Name

F	rino	cipal	Pla	ce	of I	Busines	s
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FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90263 012 ***150.00

	VAVE, INC.									
5		Maille Addesse				-			[(() 1669) OHI (186
Principal Place		Mailing Address								
2409 SOUTH THIRD ST 2409 SOUTH THIRD ST JACKSONVILLE FL 32250 JACKSONVILLE FL 32250										
						_	DO NOT WE		SPACE	
						3.	Date Incorporated or Qualifed 10/15/1996	Ľ)
2 Principal Pi	lace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26					59-3407571			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1_			\$8.75	Additional
22		27				5.	Certificate of Status Desired		Fee	Required
City & State	e	City & State				6.	Election Campaign Financing	' []	•	0 May Be
23		28				 	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	itry		8.	This corporation owes the cu	rrent year Ir		
24	25	29	30			1	Personal Property Tax.	D	Pres	□No
	9. Name and Address of Current	t Registered Agent		81 Nar		10.	Name and Address of New	Registered	Agent	
PEN	MON, MARTIN			81 Nar	ne					
	SOUTH THIRD ST.		ľ	82 Stre	et Addre	ss (P	O. Box Number is Not Accep	table)		
	KSONVILLE FL 32250			83						
JACI	ASSITUIDED I D 32230		ĺ	03						1
				84 City				Fl	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the at	ove-nam	ed corpo	ration	n submits this statement for the	e purpose o	f changing ointment as	its registered registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	tes.						
SIGNATURE										
	Signature, typed or printed name of registered agen		Registered	kgent signati	re required		einstating) ADDITIONS/CHANGES TO O	DATE A	ND DIRECT	TODS IN 12
12.	OFFICERS AN	D DELETE	13.	E			ADDITIONS/CHANGES TO O	FFICERS A		
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	DEDMON MADTIN		•		Ì				☐ Chang	e Manual
NAME	REDMON, MARTIN		1.2 NA	JE	ec				∐ Chang	e 1_1 Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	300 CHICASAW COURT JACKSONVILLE FL 32259 VD CARILLON, WILLIAM	- 4	1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET ADDRE Y-ST-ZIP E ME	-					
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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 of 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.

SIGNATURE: