PROFIT CORPORATION ANNUAL REPORT

1999

rincipal Place of Business

Principal Place of Business

48 LANCASTER TERR

CKSONVILLE FL 32204

Suite, Apt. #, etc.

City & State____

JITE 1235

Zip

IGNATURE

REET ADDRESS

JIGNATURE

TY-ST-ZIP

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FLORIDA DEPARTMENT OF TATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P97000002922

Sign

LANCASTER ASSOCIATES, INC.

DELETE FLANAGAN, TIMOTHY L 2.2 NAME 1548 LANCASTER TERRACE 2.3 STREET ADDRESS REET ADDRESS Jacksonville FL 32204 24 CITY-ST-ZIP TY-\$1-21P 3.1 TITLE ħΕ DELETE HAY, JONATHAN L 3.2 NAME 3.3 STREET ADDRESS 1548 LANCASTER TERRACE REET ADDRESS JACKSONVILLE FL 32204 3.4 CITY-ST-ZEP TY-ST-ZIP DELETE 4.1 TOTLE ηE 4.3 STREET ADDRESS REET ADDRESS 4.4 CITY-ST-ZIP TY-ST-ZIP DELETE 5.1 TITLE īΕ ME REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TY-ST-ZIP 6.1 TITLE DELETE αE 6.2 NAME 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP TY-ST-ZIP I. 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 occurate 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 chapted or on-a attractment with an address. an officer or director of the corporation or the receiver or trusted in Block 12 or Block 13 if changed, or on an attachment with an

FILED
Jul 12, 1999 8:00 am
Secretary of State
secretary or state

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	25	29	30		Intangible Personal Property.	-		∬ No	4
	9. Name and Address of Cui	rrent Registered Agent	81	Name	10. Name and Address of New R	egisterec	Agent		┪
DI ID	CELL. THOMAS K			налю					
1548 LANCASTER TERRACE			82	Street Addre	iss (P.O. Box Number is Not Accepts	bl e)			
SUITE 1235			83						1
	(SONVILLE FL 32204		[5]						╛
0,10.			84	City		FI	85 Zip	Code	1
Pursuant office of agent. 11	to the provisions of sections 607.4 registered agent, or both, in the Sam familiar with, and accept the o	0502 and 607.1508, Florida Statut tate of Florida. Such change was bligations of, section 607.0505, F.	ies, the apove-r Buthorized by t Iprida Statutes.	the corporatio	ation submits this statement for the pun's board of directors. I hereby accept	the appoi	ntment as re	rgistered	
WITOINE.	Signature, typed or printed name of registered	agent and title If applicable. (N	IOTE: Registered Ag	ent signeture requi	red when minuteling)	DATE			٦
	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (N AND DIRECTORS	IOTE: Registered Ap	eni signeture requi	red when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12	66/
VIOLE				ent signeture requi			D DIRECTO	ORS IN 12	4 (5/99)
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