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

PROFIT CORPORATION ANNUAL REPORT

1998

14. Thereby certify that the information partial indicated on this annual report or signal officer or director of the consortion by Block 12 or Block 12 if changes and



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000005576 (8)

FILED Feb 27 1998 8:00am Secretary of State

616, IN	, io.					
Principal Plac	e of Business	Mailing Address			! 10011(60) !!!! 1011) 10011 60111 12411 80111 00111 00101 41	# 01
616 PARK AV		616 PARK AVENUE				
JACKSONVILLE FL 32204		JACKSONVILLE FL 32204				
					DO NOT WRITE IN THIS SPA	4CE
					3. Date Incorporated or Qualified 01/21/1997	
2. Principal P	lace of Business	2a, Mailing Address			4. FELLIUmber 2.1.2 (23 (2)	Applied For
21		26			189-3424350	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	[28] Z(p	Countr		Trust Fund Contribution	Added to Fees
24	25		30	y	8. This corporation owes or has paid the current Personal Property Tax due June 30.	· — "
	g. Name and Address of Curre	12	301	·	10. Name and Address of New Registered Age	<u> </u>
MA	HLER, GEORGE	To a transfer and the second second	81	Name		
61		82		dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32217					aroso (i.e. box interior is not necessary	
			83			
:			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the						
office or r	registered agent, or both, in the State	e of Florida. Such change was a	uthorized b	v the corners	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appoin	ianging its registered itment as registered
	m familiar with, and accept the oblic	gations of, Section 607.0505, Flo	rida Statute	S.		
SIGNATURE	Signature, typed or printed name of registeri diag	pent and title if apple able (NOTE	Registered Ag	ent signature requ	ifred when reinstaling) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TIPLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME WILLIAMSON, ALFRED R			1.2 NAME			
STREET ADDRESS 6111 FORDHAM CIRCLE, NO		Drth	4.0 07007			
CITY-ST-ZIP	JACKSONVILLE FL 32217		1.3 STREE	7 ADDRESS		
TITLE			- 1.4 CITY-5			
NAME		DELETE	- 1.4 CITY-S 2 1 TITLE		L.	Change Addition
			- 1.4 CITY-5 2 1 TITLE 2 2 NAME	ST-ZIP		Change Addition
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plied with this films does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information smental 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 of the receiver or trustive empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in