SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 000005589 (1)

## **FILED** Aug 27 1998 8:00am Secretary of State

Principal Plac	UND ORGANIZATION  e of Business DASTAL SOUND DRIVE	Mailing Addres	s Astal <b>sound dr</b> iv	/E			
JACKSONVILLE FL 32224 JACKSONVILLE FL 32224				• • •		DO NOT MUDITE IN TH	UD 8010F
						3. Date Incorporated or Qualified	HIS SPACE
						01/16/1997	
<u></u>	lace of Business	2a. Mailing Add	2a. Malling Address			4. FEI Number	Applied For
21 Suite Ant	# ata	26	——————————————————————————————————————			59-3424457	Not Applicable
Suite, Apt. #, etc.		1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	8		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
[ Zip	Country Zip		<b>├</b>	Country		8. This corporation owes or has paid the o	
24		25 29 30 30 Name and Address of Current Registered Agent		Personal Properly Tax due June 30. 🔲 Yes 📈 No			
LATO	SHAW, JOHN H JR, ESQ	Current Registered Agent		81	Name	10. Name and Address of New Registere	d Agent
	SOUTH THIRD STREET						
SUIT					Street Addre	ess (P.O. Box Number is Not Acceptable)	
	KSONVILLE BEACH FL 32	2250		83			
				84	City		. 85 Zip Code
44					1	F	L i i i
11. Pursuant office or i	to the provisions of sections t registered agent, or both, in ti	607.0502 and 607.1508, Flori he State of Florida, Such cha	da Statutes, the abo nge was authorized	ove-	named corpor the corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered
	am familiar with, and accept the	he obligations of, section 607	.0505, Florida Stat	utes	3.	,	
SIGNATURE.	Signature, typed or printed name of regi	stered agent and title if applicable.	(NOTE: Register	red A	gent signature regu	lired when reinstating) DATE	
12.		ERS AND DIRECTORS	13.		90 09	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	[] D	ELETE 1.1 TIT	LΕ			Change Addition
NAME				1.2 NAME			_ , _
STREET ADDRESS	13884 INTRACOASTAL		1.3 STF	REET	ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 3222		, 1.4 CiT		-ZIP		
TITLE	PSAKI, SHARON K	ا∟ا	ELETE 2.1 TIT				Change Addition
NAME etheet annhess	13884 INTRACOASTAL	SUIND DOINE	2.2 NAI				
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 3222				ADDRESS		
TITLE	WIGHT OF THE OFFE		2 4 CIT ELETE 3.1 TIT		-ZIP		
NAME		L 0	3.2 NAI				Change Addition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			3.4 C/T	Y-ST-	-ZIP		
TITLE		Пр	ELETE 4.1 TIT	_			Change Addition
NAME		<del></del>	4.2 NA	ME			Citango Citango
STREET ADDRESS			4.3 STR	REET	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-\$1-	-ZIP		
TITLE	L. J Decere		ELETE 5.1 TITE	5.1 TITLE			Change Addition
NAME			5.2 NA				
STREET ADDRESS			5.3 STR	EET	ADDRESS		
CITY-ST-ZIP			5.4 CIT		-21P		
TITLE		[] Di	ELETE 6.1 TITE				Change Addition
NAME			6.2 NAM				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-	-ZIP		

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.