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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007217 (7)

FILED Apr 07 1998 8:00am Secretary of State

CONN	ERSTONE HACING, INC.			
Principal Plac	ce of Business	Mailing Address		
ì :	AVENUE. SOUTH	206 THIRD AVENUE	E. SOUTH	
	LLE FL 32250	JACKSONVILLE FL		00 NOT WEITE IN THE SEASO
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Address		01/24/1997 4. FEI Number Applied For
21		26. Walling Address		59-3422430 Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt. #, etc		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	g. Name and Address of Curr	[29] rent Registered Agent]30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	ORRIEN, BRIAN	ing-energy ngoin	81 Na	Vame
	08 THIRD AVENUE, SOUTH			
JACKSONVILLE FL 32250			B2 St	Street Address (P.O. Box Number is Not Acceptable)
Ų,	TOTAL TRANSMINE IN APPLANT		83	
			1	Na. (as 1 2 2 2 2 2
			1 1	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	tatutes, the above-nar	amed corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered
office or lagent. I	regi ciolog agent, or both, in the Sta Im familiar with, and accept the ob	gations of, Section 607.050	was authorized by the 5, Florida Statutes.	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	79~ / /			4-1-9 X
		agent and title if applicated		
12.	PSTD OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DORRIEN, BRIAN	L.J ULLETE	•	Change () Addition
NAME CTOTET ADDRESS	148 LAPASADA GIRGLE, V	MEST	1.2 NAME	DRESS 14560 SAN PABLO DR.N.
STREET ADDRESS	PONTE VEDRA BEACH FL		1.3 STREET ADDR	inner i de
CITY-ST-ZIP		DELETE		Change Addition
NAME]		22 NAME	
STREET ADDRESS			2.3 SI KEET ADDR	DRESS
CITY-ST-ZIP			2. 4 4 Y-ST-ZIP	
TOTLE		DELETE		Change Addition
NAME			3.2 F NE	
STREET ADDRESS			3.3 SHEET ADDA	DRESS
CITY-ST-ZIP			3.4. C 1Y-51-21F	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	DRESS 1
CITY-ST-ZIP			Th	(
TITLE	1	Flores	4.4 CITY - ST- ZIP	ZIP
NAME		☐ DELETE	5.1 TITLE	(
		☐ DELETE	5.1 Y(TLE 5.2 NAME	TIP Change Addition
STREET ADDRESS		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDR	TIP Change Addition DRESS
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY - ST - ZIP	DRESS TAPE
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 6.1 TITLE	TIP Change Addition DRESS
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY - ST - ZIP	DRESS DRESS Change Addition Change Addition

14. Thereby 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 of 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 the altachment with any address

SIGNATURE:

-1-98 9042412770