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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000025026

Country

1. Corporation Name

Principal Place of Business	Mailing Address
8101-2 OLD KINGS RD S. JACKSONVILLE FL 32217	B101-2 OLD KINGS RD S. JACKSONVILLE FL 32217
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	27
City & State	City & State

Zip

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90058 009 ***150.00



Applied For

_Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

9-3436902

3. Date Incorporated or Qualifed

03/17/1997 4. FEI Number

59-3432902 S

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

24		25	29	30					reisonal Fi	operty Tax.		□ tes	MINO
		9. Name and Address of Cu	ırrent Register	ed Agent					10. Name and	Address of Nev	v Registered	Agent	
		DMAN, JONATHAN H ESQ				81 82	Name	Addres	ss (P.O. Box Nur	nber is Not Acce	otable)		
1377 CASSAT AVENUE					62	Succe.	Huures	33 (1 .0. 50x 1401	11001 13 1401 71000	plasio,			
	JACK	SONVILLE FL 32205				83		-					
		•									··-		#:- O-1-
						84	City				FL	85	Zip Code
11.	office or re	o the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the of	tate of Florida.	Such change was a	authorized	i by t	-named he corpo	corpor	ation submits thi 's board of direct	s statement for t ors. I hereby ac	he purpose of cept the appo	changing intment a	its registered s registered
SIG	NATURE .	Stanature, typed or printed name of registere	d exect and title if ar	mlicable /NOT	E- Benisteren	Agent	signature r	equired v	when reinstating)		DATE		
12.			S AND DIRECT	<u> </u>	13.	Agont	Signature I	Equitor :		CHANGES TO	OFFICERS AI	ND DIREC	CTORS IN 12
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CHY	'-ST-ZIP:	pertify that the information supplied on this annual report or supplem	ad with this file	a done not qualify f	or the eve	mnti	on stated	l in Se	ction 119 07(3)(i) Florida Statute	s. I further ce	rtify that I	he information

Country

Block 12 or Block 13 if changed, o

SIGNATURE:

4/19/99 9049932570