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CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TINA NOTONESON, INC.	
Principal Place of Business	Mailing Address
8433 SOUTHSIDE BLVD. #2705 JACKSONVILLE FL 32256	B433 SOUTHSIDE BLVD. B2705 JACKSONVILLE FL 32258

FILED Apr 16 1998 8:00am Secretary of State

•	MENT # P9700(IUTCHESON, INC.	0035036 (7)				
Principal Place	of Business	Mailing Address			BYNY MAKAR THIR! MINKY MAHAR IS	HIB BEEF FRAT
8433 SOUTHS	SIDE BLVD.	6433 SOUTHSIDE BLVD.				
#2705 JACKSONVILL	I	#2705 JACKBONVILLE FL 32258		DO NOT WRITE	IN THIS SPACE	
SUCCOUNTER	LE FE SEZO	SHOWOWITHER PE SEESO		3. Date incorporated or Qualified 04/18/1997		
2. Principal Pla 21 /098	ace of Business 5 PEPPELMILL LAN	2a. Mailing Address 1 26 SA M	<u>ر</u>	4. FEI Number 59-34408	28 No	plied For t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00	May Be
23 SAC	Country	Zip Zip	Country	Trust Fund Contribution 8. This corporation owes or has pa	Added t	
24 322	57 25 D4104	29	30	Personal Property Tax due June	30. A Yes [No
	9, Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Re		
	itcherson, tina 33 southside BLVD.		-			·
	33 30011131DE BLVD. 1705		82 Street Ac	ddress (P.O. Box Hymber is Not Acceptate	LC CANE	4
	CKSONVILLE FL 32256		83			·
•			84 City		88 Zip (Code
			1 1 3	4 CKS + PO VILLE	FL 32	ュ_ 57 ∶
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.0502 egistered agent, or both, in the State on a familiar with and acceptate obliga	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flor	es, the above-named countrized by the corporida Statutes.	orporation submits this statement for the poration's board of directors. I hereby acceptations	ourpose of changing it of the appointment as	s registered registered
SIGNATURE	-4m) (34, T)	ALOGO of and title if applicable. (NOTE	is, the above-named couthorized by the corporida Statutes. Registered Agent signature re	orporation submits this statement for the poration's board of directors. I hereby acception and the statement for the poration's board of directors. I hereby acception and the statement for the poration of the poration of the statement for the poration of the po	DATE CERS AND DIRECTOR	S IN 12
SIGNATURE	Signature types to printed territorial experience of registered experie	ALOGO of and title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)	DATE	
SIGNATURE 12.	Stocke typed to period terrise of registred ever OFFICERS AND PSTD HUTCHESON, TINA	or and side of applicable (NOTE D DIRECTORS	Registered Agent signature re 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change	S IN 12
SIGNATURE 12.	Signature Typid & period territor of registered eigen OFFICERS AND PSTD HUTCHESON, TINA 8433 SOUTHSIDE BLVD. #27	or and side of applicable (NOTE D DIRECTORS	Registered Agent signature re 13. 1.1 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR Change	S IN 12
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that if 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.