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

PROFIT CORPORATION ANNUAL REPORT



1999 DOCUMENT # P97000037395

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

02-24-1999 90014 038 ***150.00

CREATI	/E IMAGES BY KURT ENGLI	SH, INC.					
Principal Plac	e of Business	Mailing Address				#108 tilij (8868	EQUEL BILL 1881
4263 LOSCO F	aD \	P O BOX 16952	5.	50 40.45	_		
SUITE 1226 > CAG JACKSONVILLE FL 32245-6952			SAME		DO NOT WRITE IN T	HIS SPACE	
JACKSONVILLE FL 32257 /					3. Date Incorporated or Qualifed		
	\checkmark				05/01/1997		1
Principal Place of Business 2a. Mailing Address					4. FEI Number	TA	oplied For
21 J197 CARLENE CT 26					59-3453416	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
27					3. Certificate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing		May Be
23 JACKSONVILLE FL 28				Trust Fund Contribution			to Fees
Zip 322	Country	Zip	Country		8. This corporation owes the current yea	_Z	□No
₂₄ 322		29 30	 _		Personal Property Tax. 10. Name and Address of New Register	Yes red Agent	LINO .
	9. Name and Address of Current	Registered Agent	81	Name	IV. Haine and Address of New Register	ou rgem	
ENG	ilish, kurt f						
4263 LOSCO RD			82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
SUITE 1226			83	- ***-			
	KSONVILLE FL 32257						
			84	City		= L 85 Zip	Code .
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	orized by the Statutes.	e corpora	orporation submits this statement for the purpos- ation's board of directors. I hereby accept the ap-	opointment as re	egistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref. 12. OFFICERS AND DIRECTORS			gistered Agent s	signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	D OFFICERS ANI	DELETE	11 TITLE		G	Change	Addition
NAME	ENGLISH, KURT F		1.2 NAME		ENGLISH KURT F	_ ,	_
STREET ADDRESS	4000 LOOOD DD OUITE 4000	CHG ->	1.3 STREET ADDRESS		ENGLISH, KURT F 1797 CARLENE CT		
CITY-ST-ZIP	JACKSONVILLE FL 32257	0-0 /	1.4 CITY-ST-ZIP		JACKSONVILLE FL 32:	23	
TITLE	BACKGONTILLE TE GEEST	☐ DELETE	2.1 TITLE		<u> </u>	Change	☐ Addition
NAME			22 NAME				
STREET ADDRESS			2.3 STREET A	DDRESS			
	CITY-ST-ZIP		2.4 CITY-ST-ZIP			_	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition _
NAME	328		3.2 NAME				
STREET ADDRESS		3.3 STREET A	DDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE		☐ DELETÉ	41 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP						
TITLE		☐ DELÉTÉ	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			- A ATT				1
CITY-ST-ZIP	}		5.3 STREET A				1
TITLE		Doriett	5.4 CITY-\$1-2			Chanco	∏ ∆ddition
		□ DELETE	5.4 CiTY-\$1-2 61 TITLE			☐ Change	Addition
NAME		☐ DELETE	5.4 CITY-\$1-2 6.1 TITLE 6.2 NAME	ZiP		☐ Change	Addition
		□ DELETE	5.4 CiTY-\$1-2 61 TITLE	ZiP DORESS		☐ Change	Addition

14. 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, with all other like empowered.

SIGNATURE: