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 # P97000041557 (4)

FILED May 01 1998 8:00am Secretary of State

Principal Place of 452 SINGAPORI JACKSONVILLE	: RD.	Mailing Address 452 SINGAPORE RD. JACKSONVILLE FL 32	216		DO NOT WRITE IN THIS		
2. Principal Plac	oe of Businees	2a. Mailing Address			3. Date Incorporated or Qualified 05/06/1997 4. FEI Number 59 - 344440 20		lied For Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 A	dditional
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N	Лау Ве
23 Zip	Country	28		untry	8. This corporation owes or has paid the c		ngible
24	9. Name and Address of Curren	29 at Registered Agent	30	1	Personal Property Tax due June 30. 10. Name and Address of New Registere		No
COA	TES, IONA K			81 Name	10.		
8215 SYRINGA LANE JACKSONVILLE FL 32211				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
				83			
				64 City	F	L 85 Zip C	ode
11. Pursuant to office or reg agent. I am	the provisions of Sections 607,050 istered agent, or both in the State familiar with, and accept the obliga	2 and 607,1508. Florida Stat of Florida. Such change wa ations of, Section 607.0505.	tutes, the a is authorizo Florida Sta	bove-riamed cor of by the corpora tutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap-	of changing its opointment as re	registered egistered
SIGNATURE			Em. o. III.		ured when reinstating) DATE		
12.	presture, typics or product term (416) is tored ago OF FICERS AN		13.	on ayılanığı atropa be	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS	IN 12
TITLE	TOP	DILETE	1.1 1	IILE	TO STATE OF THE PARTY OF THE PA	Change	Addition
NAME	MARMOLEJO, MELISSA		1.2 N	AME			
STREET ADDRESS	452 SINGAPORE RD.						
CITY+ST-ZIP	JACKSONVILLE FL 32216		1.3 \$	TREFT ADDRESS			
TITLE			140	11Y-\$1-7IP		Fla	
1		DELETE	14C	INY-ST-7IP HLE		Change	☐ Addition
NAME		OELETE	14 C 21 T 22 N	ITY-ST-7IP HLE IAME		Change	
NAME STREET ADDRESS		DELETE	14 C 21 T 22 N 23 S	ITY-ST-7IP HLE HAME THEET ADDRESS	и.	Change	
NAME STREET ADDRESS City-St-Zip			14 C 21 H 22 N 23 S 2.4 C	ITY-ST-7IP ITE IMME TREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CHTY-ST-ZIP TITLE		☐ DELETE	14 Cl 21 Tl 22 N 23 S 2.4 C 3.1 Tl	INY-SI-7IP IILE IAME IAEE1 ADDRESS CITY-SI-ZIP		Change	Addition
NAME STREET ADDRESS CHTY-ST-ZIP			14 C 21 H 22 N 23 S 2.4 C 3.1 H	INY-SI-7IP IILE IAME IAEE1 ADDRESS CITY-SI-ZIP	**		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			14C 211) 22 N 23 S 2.4 C 3.1 1) 3.2 N 3.3 S	ITY-SI-7IP ITHE IAME	и.		Addition
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NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	14 C 21 TI 22 N 23 S 2 4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 C 5.1 TI 5.2 N.	INY-SI-7IP INLE IAME	11.	Change Change	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 this receiver or frustee empowered to execute this report as required by Shapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

miliona Marchalla)

4-23-98