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

Mailing Address 50 \$ DIXIE

ST. AUGUSTINE FL 32095

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057779

Corporation Name

Principal Place of Business

ST. AUGUSTINE FL 32095

50 S DIXIE STE 3

US

AMERICAN PROFESSIONAL SYSTEMS, INC.

Suite, Apt. #, etc. Suite, Ap	2. Principal Pl	ace of Business	2a. Mailing	Address					Number		_ A	pplied For
Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa,	1							59-	-3456458		[] N	ot Applicable
City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Added to Fees Registered Agent CRISP, NELSON W 4329 OAK LANE ST. AUGUSTINE FI 32086 82 83 84 City Registered Agent CRISP, NELSON W 4329 OAK LANE ST. AUGUSTINE FI 32086 83 84 64 67 67 67 67 67 67 67 68 68 68	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Continue of Status Desired Status					
20 20 20 20 20 20 20 20	22								ti - Campaign Financiae		\$5.00	Name Po
23 30 Personal Property Tax. Yes No.	¬ı ˙											
9, Name and Address of Current Registered Agent CRISP, NELSON W 4329 OAK LANE ST. AUGUSTINE FL 32086 80 81 Name ST. AUGUSTINE FL 32086 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am initial mixin, and acceptable the obligations of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am initial mixin, and acceptable the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. THE NAME CRISO, NELSON W CRISO, NELSON W CRISO, NELSON W 12. YAMAE 12. STREET ADDRESS COTY-57-2P 13. STREET ADDRESS COTY-57-2P 14. THILE 15. THILE 16. Change Addition 16. THILE 16. Change Addition 17. THE 18. STREET ADDRESS 1	Zip	Country	Zip Cou				untry		s corporation owes the cu	rrent year Int	tangible	. *
SIGNATURE CRISP, NELSON W 4329 OAK LANE ST. AUGUSTINE FL 32086 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or registered agent, or both, in the Statute St. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered office or registered agent. I am name the statute of directors. Thereby accept the originations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1 TITLE OFFICERS AND DIRECTORS 1.1 TITLE CRISO, NELSON W CRISP DELETE 1.2 TITLE ORLETT 22 NAME 22 NAME 23 INNET ADDRESS COCCEPT ORLETS 2.1 TITLE ORLETT 21 TI	24	25 29 30						Per	sonal Property Tax.		Yes	No
CRISP, NELSON W 4329 OAK LANE ST. AUGUSTINE FL 32086 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exportation of Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exportment as registered agent and ties if explication. ISOMATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 17. AUGUSTINE FL 32008 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 11. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 14. A CITY-51-2P 17. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 25. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 26. ADDIT		9. Name and Address of Current				10. Nai	me and Address of New	Registered	Agent			
4329 OAK LANE ST. AUGUSTINE FL 32086 82 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697 0500 and 807 1500. Florida Statutes. The above-named corporation submits this statisment for the purpose of changing its registered office or registered signet, or bath, and accept the obligations of, Section 607 0500 and 807 1500. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. Pursuant to the provisions of section of registered signature, the above-named corporation submits this statisment for the purpose of changing its registered office or registered signature, the corporation's board of directors. I hereby accept the appointment as registered office or registered signature, the corporation's board of directors. I hereby accept the appointment as registered office or registered signature, the corporation's board of directors. I hereby accept the appointment as registered office or registered signature, the corporation's board of directors. I hereby accept the appointment as registered office or registered signature. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. TITLE 13. TITLE 13. TITLE 14. CITY-ST-ZP 15. TITLE 15. TI			-	81	Name							
### A329 OAK LANE ST. AUGUSTINE FL 32086 ### City FL ### SZip Code ### Ci	CRIS	P, NELSON W			-	02	22 Church Address (D.O. Bay Number in Not Accoptable)					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are maintained accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, loyad or primit raine of registered agent, are maintained accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, loyad or primit raine of registered agent and alle if applicable. In OFE Registered Agent agent are maintained. PERSON, NELSON W CRISP TITLE ORFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE ORSIGNATURE ORIGINAL IN TITLE ORSIGNATURE ORSIGNATURE ORIGINAL IN TITLE ORSIGNATURE ORIGINAL IN TITLE ORSIGNATURE ORSIGNATUR						Street Address (F.O. Dox reminer is Not Acceptable)						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered agent. If the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12.						83						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered agent. If the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12.												
office or registered agent, or both, in the State of Fiorda. Such change was authorized by the comporation's social of intertors. Thereby accept the obligations of, Section 607, 5055, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Apent agreed agent and recept the obligations of, Section 607, 5055, Florida Statutes. (NOTE: Registered Apent agreed agent agreed agent and title if applicable. (NOTE: Registered Apent agreed agent agreed agent age	•						Ť	' FL				
Agent. I am familiar with, and accept the obligations of, Section 607/5005, Florida Statutes. SIGNATURE P OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition SIGNATURE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register.											s registered
SIGNATURE Signature, typed or protect name of registeried agent and tells if applicable. NOTE: Registerier required when relevation(s) DATE	office or re	egistered agent, or both, in the State o	i Florida. Such	change was auth	onzea	Dy tr	ne corporatioi	n's board	of directors, thereby acco	epi ille appo	intinion as i	adiarerea
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRISON W CRISP STREET ADDRESS CTY-ST-ZP TITLE OPLIETE 1.1 TITLE 2.2 NAME 1.2 STREET ADDRESS STREET ADDRESS CTY-ST-ZP OPLIETE 1.1 TITLE 1.2 TITLE 1.2 TITLE 1.2 TITLE 1.3 TREET ADDRESS 1.4 CTY-ST-ZP 1.1 TITLE 1.2 TITLE 1.3 TREET ADDRESS 1.4 CTY-ST-ZP 1.1 TITLE 1.2 TITLE 1.3 TITLE 1.4 TITLE 1.5 TITLE		m lamiliar with, and accept the obligation	3110 01, 00011011	007,0000,1.0			•					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition STREET ADDRESS 1.2 PMAKE 1.3 STREET ADDRESS STAUGUSTINE FL 32086 DELETE 2.1 TITLE Change Addition STREET ADDRESS CTY-ST-ZP TITLE COPPET DELETE 3.1 TITLE Change Addition STREET ADDRESS 3.2 STREET ADDRESS STREET ADDRESS 3.2 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 4.4 CTY-ST-ZP STREET ADDRESS 4.4 CTY-ST-ZP STREET ADDRESS 4.5 STREET ADDRESS STREET ADDRES	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	. (NOTE: Re	gistered A	\gent :	signature required	when reinsta	ting)	DATE		
TITLE PORISO, NELSON W CRISP 1.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS STAUGUSTINE FL 32086 1.3 STREET ADDRESS STAUGUSTINE FL 32086 1.4 CITY-ST-ZP 2.7 MAME 2.3 MAME 3.2 STREET ADDRESS 2.4 CITY-ST-ZP 1.1 TITLE 1.2 STREET ADDRESS 2.4 CITY-ST-ZP 1.1 TITLE 1.2 STREET ADDRESS 2.4 CITY-ST-ZP 1.3 STREET ADDRESS 2.4 CITY-ST-ZP 1.4 STREET ADDRESS 2.5 STREET ADDRESS 2.4 CITY-ST-ZP 1.5 STREET ADDRESS 2.5 STREET ADDRESS 2.5 STREET ADDRESS 2.5 STREET ADDRESS 3.4 CITY-ST-ZP 1.5 STREET ADDRESS 3.5 STR	12				13.			ADD	ITIONS/CHANGES TO O	FFICERS A	ND DIRECT	ORS IN 12
NAME STREET ADDRESS STAUGUSTINE FL 32036 TITLE NAME STREET ADDRESS STREET ADDRES					1.1 TITLE							
STREET ADDRESS CITY-ST-ZP ST AUGUSTINE FL 32086 STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREET ADDRE	i		LISP		1.2 NAN	ΛE						
STAUGUSTINE FL 32086 14 CITY-ST-ZIP		1000 041/ 141/5				1.3 STREET ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.3 NAME 4.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 STREET ADDRESS CITY-ST-ZIP TITLE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 7.5 STREET ADDRESS STREET										į		
ITILE DELETE 31 TITLE DELETE 3.1 TITLE DELETE ADDRESS 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE 5.1 TITL		ST AUGUSTRIE PE SECON		□ DELETE			ZIF				Change	Addition
ITILE DELETE 31 TITLE DELETE 3.1 TITLE DELETE ADDRESS 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE 5.1 TITL		CORRECT CORRECT										[
ITILE DELETE 31 TITLE DELETE 3.1 TITLE DELETE ADDRESS 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE 5.1 TITL		PLEKS					ADODECC					}
ITILE DELETE 31 TITLE DELETE 3.1 TITLE DELETE ADDRESS 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE 5.1 TITL		V. Speak										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE NAME 5.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Additi				DELETE -			-ZIP			•	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.2 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 I hereby certify, that the information supplied with this filling 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 indicated on this annual report or trustee empowered to except this report as required by Chapter 607. Florida Statutes, and that my name appears in				L. DELETE .			. ,					
STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 1.1 hereby certify, that the information supplied with this filling 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 office or directory of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in										,		ļ
TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP NAME 6.3 STREET ADDRESS CITY-ST-ZIP 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 office or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in	STREET ADDRESS						1					.]
NAME NAME \$TREET ADDRESS \$CITY- ST-ZIP \$A4 CITY- ST-ZIP \$1 TITLE NAME \$1 TITLE \$1 TITLE \$2 NAME \$52 NAME \$52 NAME \$52 NAME \$52 NAME \$53 STREET ADDRESS \$64 CITY- ST-ZIP \$1 TITLE \$1 TITLE \$61 TITLE \$63 STREET ADDRESS \$64 CITY- ST-ZIP \$64 CITY- ST-ZIP \$65 NAME \$65 NAME \$65 NAME \$66 STREET ADDRESS \$66 CITY- ST-ZIP \$66 CITY- ST-ZIP \$66 CITY- ST-ZIP \$67 CITY- ST-ZI		- tribe					-ZIP				["] Change	Addition
STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP 5.1 TITLE S2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.2 NAME S1 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify, that the information supplied with this filling 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 to rue 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 comparation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in	TITLE			☐ DEFEIE			ł				on an igo	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addit	NAME											
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.1 T	STREET ADDRESS											
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify, that the information supplied with this filling 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 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	CITY-ST-ZIP						-ZIP				Change	[] Addition
STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify, that the information supplied with this filling 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 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	TITLE			☐ DELETE							□ change	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 14. I hereby certify, that the information supplied with this filling 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 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	NAME				1							
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS											
NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify, that the information supplied with this filling 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	CITY-ST-ZIP						-ZIP					
STREET ADDRESS CITY-ST-ZIP 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	TITLE	· ·		LJ DELETE							□ Change	C) Addition
CITY-ST-ZIP 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	NAME											i
14. I hereby certify, that the information supplied with this filling 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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	STREET ADDRESS											
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the safe report as in made and coan, that are officer or director of the comparation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	CITY-ST-ZIP	,									115 11	
BIOCK, 37 OF BIOCK 13 IT CORRIGH. OF OR AN ABACHMENT WITH AN ADDICESS, WITH AN OUNCE HIKE CHIDOWETCO.												

SIGNATURE: Nelson William Record Constant and Constant Co

4-20-99

904 824 7077

Daytime Phone #

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90216 040 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/30/1997

CR2E034 (11/98)