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

. PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P97000063753 (2)

1. Corporatio	NNIUM RESOURCES CORP	ORATION INTERNATIO	ONAL			X
Principal Plac	ce of Business	Mailing Address	 		-{	10 01100 11111 1000L 01109 1111 1601
NOOCH THEIR STREET 700 MATHING STREET ACKSONVILLE BEACH. S2250 ACKSONVILLE BEACH.			xk 333 50x		DO HOY HIDITS IN Y	110 0D4 0F
444 T	hird Street	444 Third	444 Third Street		DO NOT WRITE IN THIS SPACE	
Neptune Beach, FL Neptune B			ach,FL 32266		3. Date Incorporated or Qualified 07/21/1997	
n		2a. Mailing Address 26	F		4. FEI Number 59-3458100	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip			Country		This corporation owes or has paid the	·· ···································
24			30	•	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		1301		10. Name and Address of New Register	
H	OULD, STEPHEN A		B1	Name		
) Y7K	DEPOR THIRD COTREET X		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
MACAGEMAKED BEACHER \$2250			83			
444 Third Street Neptune Beach, FL 32266				<u> </u>		
•			84	,		Zip Code
11. Pursuant office or a spent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am tamiliar with, and accept the oblig	2 and 607.1508, Florida Statu of Florida, Such change was ations of, Section 607.0505, Fl	tes, the abov authorized b orida Statute	e-named corporations.	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE						
12.	Signature, typied or pointed name of registered age OF FICERS AN		15. Registered Ag	eniuper evulsngia Ins	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE			1.1 TITLE	T	THOUTHOUGHT INCESTED OF THEE FIG.	Change Addition
NAME	SPIVAK, STUART		1.2 NAME			•
STREET ADDRESS	STREET ADDRESS 108 KINGS GRANT		1.3 STREET ADDRESS			
CITY-ST-ZIP PONTE VEDRA BEACH FL 320		2082	1.4 CITY-ST-ZIP			
TITLE	D DELETE		2.1 TITLE			Change Addition
NAME	SOLWAY, LINDA J		2.2 NAME			
STREET ADDRESS 108 KINGS GRANT			2.3 STREET	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3		2.4 CITY-	ST-ZIP		
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CiTY - 4.1 TiTLE	ST-ZIP		Change Addition
NAME		EJ beere	4. 2 NAME			El change El radiation
STREET ADDRESS				ADDRESS		
l	ITY-ST-ZIP			ST-ZIP		
			5.1 TITLE	,, .,,		☐ Change ☐ Addition
NAME			5.2 NAME	İ		
STREET ADDRESS			5,3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 1	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	ĺ		6.3 STREET	ADDRESS		
0.000 07 7/0	1		CACITY A	27 700		

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 chapter 607, or on an attachment with an address.

 $Q \cdot Q \cap Q$

F/-100

FILED

May 21 1998 8:00am

Secretary of State