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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000072039 (5)

FILED Mar 16 1998 8:00am Secretary of State

TRACY	L. MARKHAM, P.A.				
İ					
Principal Place	e of Business	Mailing Address		—	IDAN ILOM EDION INITO FOIL HODI
2730 U.S. 1 SOUTH, STE, J		2730 U.S. 1 SOUTH, STE, J			
ST. AUGUSTINE FL 32086		ST. AUGUSTINE FL 32086		DO NOT WRITE IN THIS	SOMOE
				3. Date Incorporated or Qualified	JOI NOL
				08/18/1997	
	lace of Business	2a. Mailing Address		4. FEI Number 65-04777553	Applied For
21		26		65-0677/555	Not Applicable
Suite, Apt	#, OC	Suite, Apt. #, otc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the c	
24	25 25 Name and Address of Curre	29 Pent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
MARKHAM, TRACY L B1 Name					
2730 U.S. 1 SOUTH, STE. J			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AUGUSTINE FL 32086			ress (1.0. box Number is 140) Acceptable)	
ŀ			83		
			84 City		85 Zip Code
44 Purcuant t	In the provisions of Sections 607.05	02 and 607 1508 Florida Statul	tos the above named corr	Population submits this statement for the number	
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 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	т талшал мил, ило ассерт истоли	ganons or, section 607.0005, Fr	ontra statutes.		
SIGNATURE	Stynature, typed or punted harve of inquistered as		t Registered Agent signature regula		
12.	OFFICERS AF	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
NAME	MARKHAM, TRACY L	L_) bect it	1.2 NAME		Change Caracters
STREET ADDRESS	2730 U.S. 1 SOUTH, STE. J		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST. AUGUSTINE FL 32086		1.4 CHTY-ST-ZIP		
TITLE		DECLIE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS	\$	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DETETE	4.1 TITLE		☐ Change ☐ Addition
NAME CONTROL			4. 2 NAME		1
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-SI-ZIP		Thur	5 4 CHY-ST-ZIP		Change Addising
TITLE NAME		DELETE	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		İ
					

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing an on an attachment with an address.

Malbham, Tracy L. Markham, Pros.