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

AMEND

## Δ11σ 26 1998 8:00am

PR		FLORIDA DEPARTMENT OF STATE				7 Aug 26 1998 8:00a	
ANNUAL	PRATION REPORT 1 <b>98</b>	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			ons	Secretary of Stat	
DOCUM 1. Corporation BUS		97000078206 SPECIALIST	s, inc.				
Principal Place of	of Business	Malling Addres	B	<del></del>		-	
	rington Oaks Dr.		5111-6 Baymeadows Rd.			DO NOT WRITE IN THIS SPACE	
Jacksonv:	Suite 22: Jacksony:	2 111e, FL 32217			3. Date Incorporated or Qualified		
2. Principal Pla	ce of Business	2a. Mailing Address				9-8-97 4. FEI Number   Applied For	
Sulte, Apt. #,	, elc.	26 Suite, Apt. #, et	· — — — — — — — — — — — — — — — — — — —			59-3472275 Not Applicable	
22		27	7			5. Certificate of Status Desired 3 \$8.75 Additional Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution j Added to Fees	
Zip	Country	Zip	L.	intry		8. This corporation owes or has paid the current year intangible	
9,1	[25] Name and Address of Current	[29] Registered Agent	30			Personal Property Tax due June 30. j Yes j No 10. Name and Address of New Registered Agent	
James V	. Walker			81 N	ame		
	te Vedra Park Dri			82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)	
Ponte Ve	edra Beach, Flori	da 32082		83			
84 City FL 85 Zip Co							
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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.							
SIGNATURE	Junea 10					JUL 1 9 1998	
12.	nature, typed or printed name of reg OFFICERS AND 0					pent algorature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	J. J	DELETE	1.1 TITLE	D P			
NAME			1.2 NAME		1	5111-6 Baymeadows Rd. Suite 222	
STREET ADDRESS CITY - ST - ZIP			1.3 STREI 1.4 CTY -		ESS	Jacksonville, Florida 32217-4899	
TITLE		j delete	2.1 TITLE			j Change j Addition	
NAME NO DELETIONS OR STREET ADDRESS TO EVICTING OFF			2.2 NAME 2.3 STREE				
CITY-ST-ZIP	TO EXISTING OFF	ICERS	2.4 CTY-		200		
TITLE		DELETE	3.1 TTLE			j Change j Addition	
NAME STREET ADDRESS			3.2 NAME 3.3 STREE		-SSS		
OTTY-ST-ZIP			3.4 CITY -				
TME		j delete	4.1 TITLE			j Change j Addition	
NAME STREET ADDRESS			4.2 NAME 4.3 STREE		ESS		
CITY-ST-ZIP	<del></del>		4.4 OTY-	ST - ZIP			
TITLE		j OBLETE	5.1 TITLE			300002626803344460	
NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS		-08/26/9801004048 ***61.25	
OTTY-ST-ZIP		<del></del>		5.4 CITY - ST - ZIP		**************************************	
NAME	· · · · · · · · · · · · · · · · · · ·			6.1 TITLE 6.2 NAME		j Change j Addition	
STREET ADDRESS			6.3 STREET ADDRES		ESS.	Congre	
CITY-ST-ZIP			6.4 CITY -		tion etates		
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.							