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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083490

1. Corporation Name

103RD ST. THINGS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90087 018 ***150.00

						4	
Principal Plac	e of Business	Mailing Address		i iddisabi iin iniis imasi delii Aniis naiii an	91 (B1B9 (1111 81818)		
7600 OLD PLANK ROAD 7600 OLD PLANK ROAD							
#70 #70				DO NOT WRITE IN THIS SPACE			
JACKSONVILLE	FL 32220	JACKSONVILLE FL 32220	_	_3. Date incorporated or Qualifed			
			~ -	09/26/1997			
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Apr	lied For	
21 1030	1 1 7 7	26 6680-2 1030	·cl 5+	59-3477924	Not	Applicable	
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 A	dditional	
22		27		5. Certifcate of Status Desired	Fee Red	quired	
City & Stat	le	City & State	<u></u>	6. Election Campaign Financing	\$5.00 ı		
23 Jack	isonville tla.	28 Jacksonville		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year			
24 <u>32</u> 2		29 32210 30	05	Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	o Agent		
EIDA	ACH HEDDEDT			ł			
1	ACH, HERBERT D OLD PLANK ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
#70			100		 -		
,	KSONVILLE FL 32220		83				
JAC	NSUNVILLE FL 32220		84 City		■ 85 Zip C	ode	
				F			
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.							
SIGNATURE	Signatura, typed or printed name of registered agent	and title if applicable. (NOTE. Rec	gistered Agent signature require				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	. 1.1 TITL€		Change	☐ Addition {	
NAME	EIBACH, HERBERT	i	1.2 NAME				
STREET ADDRESS	1		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32220		1.4 CITY-ST-ZIP		Chance	- Addition	
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME			2.2 NAME			1	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		OELETE	3 1 TITLE		Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS)	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	- Addition -	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	1		5.2 NAME		بالمصورة	′	
STREET ADDRESS		į	5.3 STREET ADDRESS		*** * N. 14	3	
CMY-ST-ZIP	ĺ		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	

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, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUR	Ε
----------	---

NAME

STREET ADDRESS

CITY-ST-ZIP