

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90009 011 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000084603</b> 1. Corporation Name <b>FS3 CORPORATION</b>			
Principal Place of Business <b>4494 SOUTHSIDE BLVD., STE. 202 JACKSONVILLE FL 32216</b>		Mailing Address <b>4494 SOUTHSIDE BLVD., STE. 202 JACKSONVILLE FL 32216</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>SHUMER, FRANK D 4494 SOUTHSIDE BLVD., STE. 202 JACKSONVILLE FL 32216</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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: <i>[Signature]</i> DATE: <b>7/13/99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE: <b>D</b> <input type="checkbox"/> DELETE NAME: <b>SHUMER, FRANK D</b> STREET ADDRESS: <b>114 WILLOW POND LANE</b> CITY-ST-ZIP: <b>PONTE VEDRA BEACH FL 32082</b> TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS: <b>113 WILLOW POND LANE</b> 1.4 CITY-ST-ZIP: <b>PONTE VEDRA BEACH, FL 32082</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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. SIGNATURE: <i>[Signature]</i> DATE: <b>7/13/99</b> 904-641-0366 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (5/99)