PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENTOS STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90220 018 ***150.00

1. Corporation	MENT # P970000 INDS, INC.	094159				
Principal Place 9914 SAN JOSE SUITE 1029 JACKSONMILLE US	E BLVD	Mailing Address 11250 OLD ST AUGUSTINE SUITE 15-313 JACKSONVILLE FL 32257	ROAD	DO NOT WRITE IN 3. Date Incorporated or Qualifed 11/03/1997		
21 10450	lace of Business US I North	2a. Mailing Address 26 /0450 US/ Syite, Apt. #, etc.	North	4. FEI Number 59-3494493		plied For t Applicable
22 54.4 City & State	c #3	27 # 3 City & State		C. Classica Composing Singapoing	Fee Re \$5.00	
23 St. L	ugustine Florida	28 St. Augusti	y, Florida		Added t ar Intangible	o Fees
24 3 209	5 25 USA	29 32 695	30 USA	Personal Property Tax. 10. Name and Address of New Regist	Yes	□No
	9. Name and Address of Current IEA, PATRICIA RIVER PLANTATION LN	Registered Agent	81 Name	dura Bebe 1560 Idres (2.0. Box Number is Not Acceptable)	nion vidence	
	(SONMLLE FL 32223		83 740	Matterhorn Ct		
			84 City	acksonville	FL 85 33	159
11. Pursuant office or n	to the provisions of Sections 607.0508 egistered agent, or both, in the State of ne familiar with, and accept the obligation	and 607.1508, Florida Statut i Florida. Such change was a his of Section 607.0505, Flo	es, the above-named cou thorized by the corpora rida Statutes.	proration submits this statement for the purpostion's board of directors. I hereby accept the	appointment as rec	gistered
		/ /////	•		2/46	
SIGNATURE	Laura WI	~ veno-	Registered Agent signature requ	ared when reinstating) DA	TE	<u> </u>
1	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE	Registered Agent signature req. 13.	ared when reinstating) ADDITIONS/CHANGES TO OFFICER	TE AND DIRECTO	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent at OFFICERS AND	and title if applicable. (NOTE	Registered Agent signature requ	About reinstanting) DA ADDITIONS/CHANGES TO OFFICEF	TE	<u> </u>
SIGNATURE	Signature, typed or printed name of replaced agent a OFFICERS AND VSP ROBERSON, EDGAR W	and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent signature req. 13. 1,1 TITLE V 12 NAME	About reinstanting) ADDITIONS/CHANGES TO OFFICER 15P Rabersan, Edger W	TE AND DIRECTO	<u> </u>
SIGNATURE 12.	Signature, typed or printed name of replaced again to OFFICERS AND VSP ROBERSON, EDGAR W 11250 OLD ST AUGUSTINE RD,	and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	About when reinstalling) ADDITIONS/CHANGES TO OFFICER 1/5P Rabersan, Edger H 10450 USIN 1 #3	RS AND DIRECTO	<u> </u>
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of replaced against OFFICERS AND VSP ROBERSON, EDGAR W 11250 OLD ST AUGUSTINE RD, JACKSONVILLE FL 32257	and title if applicable (NOTE) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Abd when reinstalling) ADDITIONS/CHANGES TO OFFICER 1/5P Rabbersan, Edger W 1/5456 U.S. 1 AT ##3 St. Augus the FL 3209	RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of replaced against OFFICERS AND VSP ROBERSON, EDGAR W 11250 OLD ST AUGUSTINE RD, JACKSONVILLE FL 32257 DPT	and title if applicable. (NOTE) DIRECTORS DELETE	Registered Agent signature req. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-2P 2.1 TITLE	ADDITIONS/CHANGES TO OFFICER 15P Rabersan, Edger W 0450 US-1 N 15t. Augus the FL 3209 175-Each	RS AND DIRECTO	<u> </u>
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In this initing does not qualify for the exemption stated in Section 1 1950 (3/jt), reclied statutes. It will be derived that the similar report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an agree of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in handly with an address, with all other like empowered. indicated on this annual report of supplements officer or director of the corporation of theirece Block 12 or Block 13 if changed, or on an attach