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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000097744** (1)

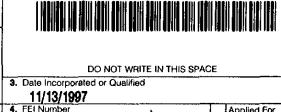
BECK, JENSEN & MAWMAN INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address

1510 NORTH THIRD STREET 1510 NORTH THIRD STREET

JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250

## FILED Mar 11 1998 8:00am Secretary of State



								11/13/1997				
2. Principal Place of Business			2a. Mailing Address			4.	. FEI Number	Applied For				
21			26				- 1	59-347788	4	Not Applicabl	Ð	
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip	Country 25	29	Zip	30	ntry	8.	This corporation owes or has Personal Property Tax due Jur		urrent year Intangible		
	9. Name	and Address of Current	Regi	itered Agent	10. Name and Address of New Registered Agent							
	LATSHAW, J					81 Name						
3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250						82 Street Address (P.O. Box Number is Not Acceptable)						
						83						
						84 City			FI	L 85 Zip Code		

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 provided by the corporation of the corpo

office or re agent. I a	egistered agent, or both, in the State of Florida. S m familiar with, and accept the obligations of, Sec	uch change was a ction 607.0505, Flo	iuthorized by the corporal irida Statutes.	tion's board of directors. I hereby accept t	he appointment as	registered
SIGNATURE	Signature, typod or printed name of registered agent and title if appl	icable (NOTE	Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		Change	Addition
NAME	BECK, JOHN		1.2 NAME			
STREET ADDRESS	1510 NORTH THIRD STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	MOORE, SHELLY J		2.2 NAME			
STREET ADDRESS	1510 NORTH THIRD STREET		2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		2 4 CITY-ST-ZIP			
TITLE	D	DELETE	3 1 TITLE		☐ Change	Addition
NAME	MAWMAN, YOLANDA		3.2 NAME			
STREET ADDRESS	1510 NORTH THIRD STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		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			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY CT 710			EACITY OF 74D			

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: Sulla

3-5-98

904-247-5599