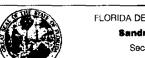
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED Mar 24 1998 8:00am Secretary of State

[1998	DIVISION OF CO	ORPORATIONS	Societary	or State
1. Corporatio	MENT # P9700 ESSIONAL PLACEMENT R	00104531 (3) ESOURCES, INC.			
Principal Plac	ce of Business	Mailing Address		}	(3 44) ((450) (440) (640) (650)
101 N. GADSDEN STREET 101 N. GADSDEN STREET					
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				DO NOT WRITE IN THE	S SDACE
				3. Date Incorporated or Qualified	JOPACE
				12/11/1997	
	Place of Business OSCEOIA Ave.	2a. Mailing Address 26 304 OSC eo	la Ave	4. FEI Number 50 - 2/10 2/ 2/	Applied For
21 364 Suite, Apt		26 304 OSC 00 Suite, Apt. #, etc.	ia AVE	59-3492636	Not Applicable \$8.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State FL28 Jacksonvil	LE Beach t	6. Election Campaign Financing	\$5.00 May Be
23 Jack	SONVILLE BEACH	H28 Jacksonvil	Country	Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution	Added to Fees
24 327	250 USA		30 TUSA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
SOX, RICHARD N JR.					
) 1 NORTH GADSDEN STREET NLLAHASSEE FL 32301		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
11.	ICENTINOCE I C OFOUT		63		
i			84 City		85 Zip Code
dd D	40 0070	500 1007 (500 Fig.)- 0	11'	F	L 1 '
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	ate of Florida, Such change was au	s, the above-named corp ithorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	im tamiliar with, and accept the ob	ligations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature require		
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Cal Change □ Addition
TITLE NAME	Frein, Keith		1.1 TITLE 1.2 NAME		fet cusults □ vageou
STREET ADDRESS	1544 S. FIRST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL	. 32250	1.4 DITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, DWIGHT	₹	2.2 NAME		
\$TREET ADDRESS	2040 GREENHERON POIN JACKSONVILLE BEACH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	UNUTUONITIES, DENOTIFE	DELETE	2. 4 CITY - ST - ZIP 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 STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	ı		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		Torrette	5.4 CITY-ST-ZIP		Chance Ladding
TITLE NAME	i.	[_] DELETE	6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		[
14. I hereby o	pertify that the information supplied	with this filing does not qualify for	the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further on shall have the same legal effect as if made to	certify that the information

польной от иль аппиантерот, от вировления аппиат report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am a 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: