SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

ASOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).									
PROFIT FLORIDA DEPARTMENT OF STATE									
		RPORATI	(A. E. C.	Kather	ine Haୁମିs	•		E11 -	
	ANNU	JAL REP	ORT	Secreta	ry of State			FILED	
	1999 DIVISION OF CORPORATION						-	99 DFC 20 DV	
	DOCUMENT # pagnongazag							99 DEC 28 PM 12: 52	
1.								SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	ANCIEN	II CIIY D	ENTAL, P.A.					THASSEE, FLORIDA	
P	Principal Place of Business Mailing Address						_	t tablisan ito ibibi tikin bosh sakhi sahik both both both both foota sikin bili tabl	
10	10 DOLPHIN DR. 10 DOLPHIN DR.								
ST	. Augustin	IE FL 32084		ST. AUGUSTINE FL 32084			3.	Date Incorporated or Qualified	
								01/12/1998	
Η,	2. Principal Place of Business			2a. Mailing Address,			4. 1	FEI Number Applied	
21				26 Suite Act # etc				59-3498792 Not Applicable \$8.75. Additional	
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. (Certificate of Status Desired XX 50.73 Additional Fee Required	
	City & State			City & State			6. 8	Election Campaign Financing \$5.00 May Be	
23				28	T			Trust Fund Contribution	
24	Zip		Country 25	Zip	Count		ı	This corporation owes the current year Intangible Personal Property. Yes X No	
24		9. Name	and Address of Current F	I I	30			Name and Address of New Registered Agent	
	ತ ಕ		٠ حود	James Ja		1 - Name		the property of the same of the contraction of the	
	KRU	IP, I S				Causest		REX B PAINTER	
		N.E. 10 AV			8:	Street	et Address (P.O. Box Number is Not Acceptable) 10 DOLPHIN DR		
	HAL	Landale f	FL 33009	83					
					84	1 City		les liZin Code	
					64	City	S	ST AUGUSTINE FL 85 Zip Code 32084	
11	. Pursuan	t to the provis	sions of sections 607,0502 a	d 607.1508, Florida Statute	s, the above	a-named o	progration su	ubmits this statement for the purpose of changing its registered	
office or registered agent of both, if 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.									
S	GNATURE		el Day	REX B	PAINT	ER,P	ESIDE	ENT X 11/1/99	
12		Signsture, typed	or printed name of registered agentar OFFICERS AND		TE: Registered	Agent signatu	nertw besiupes e	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT		<u> </u>	OFFICERS AND	DELETE	1.1 TITLE			DENT, DIRECTOR Change K Addition	
NAJ		.		00000	1.2 NAME			B PAINTER	
STF	REET ADDRESS				1.3 STREE	T ADDRESS		DLPHIN DR	
CIT	Y-ST-ZIP			•	1.4 CITY-5	ĭT-ZŧP		JGUSTINE, FL. 32084	
TITLE				DELETE	DELETE 2.1 TITLE			Change Addition	
NAME				_	2.2 NAME	NAME .		, 1	
STREET ADDRESS					2.3 STREE	TADDRESS	<u>. 51 </u>		
CITY-ST-ZIP					2.4 CITY-ST-ZIP				
TIT				DELETE	3.1 TITLE			Change Addition	
NAME				. . ,	3.2 NAME	±		60000030910867	
STREET ADDRESS						3.3 STREET ADDRESS		-01/07/00-+01003007 ****750.00 ****750.00	
-	Y-ST-ZIP		·	<u></u>	3.4 CITY-5	ST-ZIP			
TITI				DELETE	4.1 TITLE			Change Addition	
NA	ME REET ADDRESS				4.2 NAME	T ADDRESS			
					4.4 CITY-S				
TIT	Y-ST-ZIP LE	 		DELETE	5.1 TITLE	1-214		Change Addition	
NAI				المال المال	5.2 NAME			C Glange C Addition	
	REET ADDRESS]				T ADDRESS			
	Y-ST-ZIP	_			5.4 CITY-S				
TITLE				DELETE	6.1 TITLE			. Change Addition	
NAME		}		****	6.2 NAME			_ • -	
STR	REET ADDRESS				6.3 STREE	T ADDRESS			
	Y-ST-ZIP	<u> </u>			6.4 CITY-S		•		
14	 I hereby co- indicated of 	ertify that the on this annua	information supplied with that report or suppliemental an	is filing does not qualify for the number of the second in the second is line and accurate the second in the secon	ne exemption rate and that	n stated ir t my signa	section 119 ture shall ha	0.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am	
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 enter a state of the corporation of the corporat									
V John Control Vertile DEV D DATHTED DESCRIPTION 904-824-865									
SIGNATURE: X SIGNA									