## **PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

Principal Place of Business	Mailing Address
7715 ATLANTIC BLVD JACKSONVILLE FL 32211	7715 ATLANTIC BLVD JACKSONVILLE FL 32211

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 038 \*\*\*150.00

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•									IFM NULLER
Principal Plac	e of Business	Maili	ng Address	_			1 (98/) 8 91 (10 10/0) 12// 22// 23// 23// 23//	<b>21.4 2</b> (12)	,,
7715 ATLANTIC			ATLANTIC BLVD						
JACKSONVILLE	FL 32211	JACK	SONVILLE FL 32211				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
							01/20/1998		
2., Principal F	tace of Business	2a. N	Mailing Address				4. FEI Number	_ <del> ·</del>	plied For
21		26					59-3485202		t Applicable
Suite, Apt.	#, etc.		iuite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re	
22		27	, - , - , - ,						<del></del> i
City & Stat	e	<u> </u>	ity & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
23 Zip	Country	28	<u></u>	Cour	itry		This corporation owes the current year Int.		<u> </u>
24	25	29	-	30	•		Personal Property Tax.	Yes	□No ]
!	9. Name and Address		red Agent_				10. Name and Address of New Registered	Agent	
<del></del>					81	Name			
	rs, david			ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	ATLANTIC BLVD			ļ					
JAC	KSONVILLE FL 32211			]	83				
				.	84	City	FL	85 Zip (	ode
							the sub-its this statement for the purpose of	changing its	registe ed
11. Pursuant	to the provisions of Section registered agent, or both, in	ns 607.0502 and 607 I the State of Florida.	.1508, Plonda Statu Such change was a	tes, the au authorized	by 1	the corporate	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	etment as re	distarec'
agent. I a	m familiar with, and accept	the obligations of, S	ection 607.0505, Flo	orida Statu	tes.				
SIGNATURE	Signature, typed or printed name of	terrishment actions and title if all	policable. (NOT)	E: Registered /	Agent	signature require	when reinstating) DATE	<del></del>	· )
12.		ICERS AND DIRECT		13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	Prasident		☐ DELETE	1.1 TIT	£		_	[] Change	☐ Addition
NAME ,	DAVID MYERS			1.2 NW	1.2 NAME				i
STREET ADDRESS	3667 ARIBU CT	-		1.3 5TF	ŒET.	ADDRESS			}
CITY-ST-ZIP	JAX FL BUL	<u> </u>		1.4 CIT	_	-ZIP		C1Channa	☐ Addition
TITLE	VP		DELETE	21 1∏				[] Change	L ADDION
NAME	MILLIAM S. M			2.2 NW					1
STREET ADDRESS	138 PASSAGE	. DM				ADDRESS	••		
CITY-ST ZIP	GRANGE PARK	<u> </u>	DELETE	2.4 CT		r-2rP		[] Change	Addition
TITLE	[		عالمان ال	3.2 NA					_
NAME				1		ADDRESS			İ
STREET ADDRESS	<b>\</b>			3.4. CIT		i	-		- j
CTTY-ST-ZIP TTILE			☐ DELETE	4.1 TITI				[] Change	☐ Addition
NAME	1			4.2 NA	WE				Ì
STREET ADDRESS				4.3 STR	EFT.	ADDRESS			[
CITY-ST-ZIP				4.4 CIT	Y-ST	ZIP			
TITLE			☐ DELETE	5.1 TITL				[] Change	Ac dition
NAME	ļ			5.2 NA		[			1
STREET ADDRESS						AOORESS			
CTTY ST ZIP			Порт	5.4 CIT 6.1 TITL	_	·ZP		□ Change	Acdition
TITLE			☐ DĒLETE	6.2 NAA		ĺ		r 1 a remide	
NAME STREET ADDRESS	ļ		•			ADORESS			(

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 637. Florida Statutes; and that my name appears in Block 12 or Block 15 it chapted or on an attachment with an address, with all other like empowered.

SIG	NAT	URE:

SIGNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

904-725-0603