FILED May 04, 1999 8:00 am

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	PROFIT RPORATION JAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Havis Secretary of State		Secretary of State 05-04-1999 90143 028 ***150.00				
اليو.	1999 DIVISION OF CORPORATIONS						
DOCUI		015263					
FAST CA	ASH, INC.		•	è concesse con estat d'alle socia delle socia delle socia)1 201 0 /02 0 11 610 0	WI na Juli 4 00 1	
Principal Plac	e of Business	Mailing Address		11841184 174 1919 1917 4417 4417			
1711-1 BLANDING BLVD 1711-1 BLANDING BLVD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210							
			·	DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE		ì
				02/16/1998			
	tace of Business	2a. Mailing Address	6/	4. FEI Number _ 3513538	Apr	olied For Applicable	,
21 Suite, Apt.	# etc N	26 Suite, Apt. #, etc.	-		\$8.75 A		١,
22	*, a.c	27		^5: Certificate of Status Desired □	Fee Rec	quired	
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i		
Zip	Country	28	Country	8. This corporation owes the current year in	tangible		
24	25		30	Personal Property Tax. 10. Name and Address of New Registered	_=	□N ₀	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of the Registered	- Albeitt		
	LY, JAMES		82 Street Addr	rass (P.O. Box Number is Not Acceptable)			
	SPYGLASS COURT EN COVE SPRINGS FL 32043		83				
GRE	CIA COAE OF UNIACOURE OFFICE				85 Zip C	ode	}
			84 City	<u> </u>	_ '		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	2 and 607,1508, Florida Statute of Florida, Such change was at	s, the above-named corp thorized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its o intment as reg	registered Istered	1
	illi igilitigi mini, min gecebi ne conger	ions of, Section 607.0505, Flor	da Statutes.				
SIGNATURE		ions of, Section 607.0505, Fici	Ida Statutes. Registered Agent eightiture require	d when reinstating) OATE			1 6
SIGNATURE	Signature, typed or printed name of registared agent OFFICERS AN	i and trie if applicable. (NOTE: D DIRECTORS	Registered Agent eightstare require		ND DIRECTO	RS IN 12	4 (00)
12. mle	Signature, typed or printed name of registared agent OFFICERS AN	and the il applicable. (NOTE:	Registered Agent significan require 13. 1.1 TITLE	d when reinstating) OATE			4 /44 mb)
12. TITLE NAME	Signature, typod or phrited name of registated agent OFFICERS ANI CEO/SEC/TRES. TAMES	L and the if applicable. (NOTE: D DIRECTORS	Registered Agent eightstare require	d when reinstating) OATE	ND DIRECTO	RS IN 12	(CO24 (44 MB)
12. mle	Structure, typod or private name of registered agent OFFICERS ANI CEO/SEC/TRES.	I and the if applicable. (NOTE: D DIRECTORS TT., DELETE CT.	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	d when reinstating) OATE	ND DIRECTOI	RS IN 12	CB2E024 (44/08)
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8.4 CITY-ST-ZIP 14. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to exacute 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, with all other like empowered.

	C. Salan Salan Calling	~ <u></u>	1021	27-	
SIGNATURE:	TIGS AND TYPED OR PRINTED NAME OF STONAGE OFFICER OR DIRECTOR		Data	Daytime Phon	
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