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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

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1. Corporation Name

STREET ADDRESS

PHECISI	UN APPHUACH GHOUP, IN	IU.						
Principal Plac	e of Business	Mailing Address	-		- 1 10831081 136 38381 18111 68311 88111 88311 88	101 11018 01101 01111 1	81(E 1811 1881	
1950 BEACH A		1950 BEACH AVENUE						
ATLANTIC BEA		ATLANTIC BEACH FL 32233			İ			
				•	DO NOT WRITE IN TH	IIS SPACE		
		•			3. Date Incorporated or Qualifed			
					02/19/1998			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1—1——	olied For	
21		26			59-3526491		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certifcate of Status Desired	\$ 8.75 A		
22		27			Fee Required			
City & Star	te	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23		28	Countr		Trust Fund Contribution		rees	
Zip	Country	Zip	Country	y	8. This corporation owes the current year		□No	
24	25		30		Personal Property Tax. 10. Name and Address of New Registere			
 -	9. Name and Address of Curre	nt Registered Agent	81	Name	10, Hame and Address of the Cognition			
COF	PORATION SERVICE COMPANY	•	Ľ.					
	HAYS STREET		82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301-2525		83					
IAC	SAINOOLL I E GEGOT-EGEG		0.3	1				
			84	City		85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute:	s. the abov	re-named corpo	ration submits this statement for the numose	of changing its	registered	
office or I	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	thonzed by	the corporation	's board of directors. I hereby accept the ap	pointment as reg	jistered	
SIGNATURE					when reinstating) OATE			
	Stgnature, typed or printed name of registered age		13.	int signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
12.	D OFFICERS AI	ND DIRECTORS	1.1 TITLE		ADDITIONO/OFFIANCEO TO OFFICE AND	☐ Change	Addition	
TITLE	1 -	2,022,2	1.2 NAME				- 1	
NAME	CLARK, DONALD S			t t			Ì	
STREET ADDRESS	_ · · · · · · ·		4 2 CTDEE	TADODECC				
CITY-ST-ZIP	ATLANTIC BEACH FL 32233			TADORESS			,	
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	D	☐ DELETE	1.4 CITY-5 2.1 TITLE			☐ Change	Addition	
NAME	FROHNE, C T	☐ DELETE	1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP		☐ Change	Addition	
STREET ADDRESS	FROHNE, C T 361 5TH STREET	☐ DELETE	1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP		☐ Change	Addition	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE &

904-910-6548