PROFIT
CORPORATION
ANNUAL REPORT
1999

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FLORIDA DEPARTMENTOF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

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DOCU	MENT # P980000)23090		
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Principal Plac	e of Business .	Mailing Address		. 1962 in fil til (2141 intr) marit detil detil gerra rened reser garit tibre aner ran-
1189 BURT RO	AD	1188 BURT ROAD		
UNIT #10 JACKSONVILLE	EL 22214	UNIT #10 JACKSONVILLE FL 32211		DO NOT WRITE IN THIS SPACE
SHORSONTILLE	FL 32211	WANTED TE VEST		3. Date Incorporated or Qualifed
				03/11/1998
2. Principal P	tace of Business	2a. Mailing Address	120001	
21 7 7	12 9 IKM VILLY	26 T. (). (). Suite, Apt. #, etc.	x Maai	<u> </u>
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required
City & Stat	te ·	City & State		6. Election Campaign Financing \$5.00 May Be
23 Jack	rsonville . FL	28 Jack 500 N		Trust Fund Contribution Added to Fees
7390	Country	□ 巻つつ10 -	Country	8. This corporation owes the current year Intangible
24 000	9. Name and Address of Current	<u> </u>	301 (137)	7 drawnar 7 topony 7 and
<u></u>	a. Name and Address of Cuffent	zaRiesaian wilaiir	81 Name	ричи по
*	IAUD, MARK J	•	82 Street	Address (P.O. Boy Number is Not Accentable)
,	B BURT ROAD			Address (1.55. Dox Horizon is not recorpused)
	[#10 KCONB#11 E EL 20044		3. Date Incorporated or Qualifed 03/11/1998 4. FEI Number 59-3502405 Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Cempaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax.	
JAC	KSONVILLE FL 32211		84 City	85 Zip Code
				FL
11. Pursuant office or r	to the provisions of Sections 607:0582 i registered agent, or both, in the State of	and 607,1508, Florida Statutes Florida, Such change was aut	s, the above-named thorized by the corpo	ration's board of directors. I hereby accept the appointment as registered
	am tamillar with, and discept the abligation	ns of, Section 607.050p, Florid	da Statutes.	4-09-99
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signature re	
12.	OFFICERS AND	DIRECTORS		
TITLE	PRESIDENT	DELETE		C) availed (C) availed
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STREET ALXORESS	12480 ACCPORT		12 PTREET ADDRESS	
CITY-ST-ZIP	MATERIANIA (F. F.	4 3225K		
1 TITLE	TACKSONULUE, FO	Z 32258 □ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Add-bic
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4. I hereby certify that the information supplied with this fling 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 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 13 if changed, of on an affectivent with an address, with all other like empowered.

SIGNATURE.