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PROFIT
CORPORATION
ANNUAL REPORT
1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary & State

DIVISION OF CORPORATIONS

1999			DIVISION OF CORPORATIONS			991101-7 70 9:	54		
1. Corporation	MENT # PS	980003 VICES, INC.	0396			State of the Con-	 		
,		, , , , , , , , , , , , , , , , , , ,							
Principal Plac	ce of Business	М	ailing Address			e saderans nen incht faser abeit An		INTER BRIDG HEND INCOME BEIN 188	lf
325 W. ADAM			O. BOX 4610		-				
JACKSONVILLI	E FL 32202	JA	CKSONVILLE FL 32202			DO NOT WRIT	TE IN THIS	SPACE	
					3	Date Incorporated or Qualifed			
						03/30/1998			.]
	Place of Business		. Mailing Address		4	I. FEI Number		Applied For	
21 Suite, Apt	, #. etc.	26	Suite, Apt. #, etc					Not Applicabl \$8.75 Additional	e.
22	, .	27	,		5	i. Certifcate of Status Desired	M.	Fee Required	l
City & Sta	te		City & State		6	. Election Campaign Financing	r i	\$5.00 May Be	1
23		[28]				Trust Fund Contribution		Added to Fees	
Zip 24	Countr 25	29	Zip	Country	8	 This corporation owes the curre Personal Property Tax 	ent year Int	angible []Yes []No	Ī
	9. Name and Addre					. Name and Address of New R	egistered		{
LAPLAI	TI ATOU CUCAN			81 Name	•				
	TLATCH, SUSAN W. ADAMS ST.			82 Street	t Address (P.O. Box Number is Not Accepta	ble)		
	KSONVILLE FL 32202	2		83					
				84 City		. "'	FL	B5 Zip Code	
11. Pursuant	to the provisions of Sec	tions 607.0502 and 6	07.1508, Florida Statutes	, the above named	d corporatio	on submits this statement for the p		changing its registered	
egent. I a	registered agent, or both im familiar with, and acce	, in the State of Florid ept the obligations of,	a Such change was aut Section 607.0505, Florid	nonzed by the corp la Statutes	poration's b	on submits this statement for the poard of directors. I hereby accept	t the appoi	itment as registered	ļ
SIGNATURE		*···							
12.	Signature, typed or printed name	FFICERS AND DIRE		egistered Agent signature 13.	required when	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS IN 12	-
TITLE	bP		DELETE	11 TITLE		•		[] Change [] Addition	on.
NAME	325 West	66 010 m C 91	rook	1.2 NAME			01		ŀ
STREET ADDRESS				13 STREET ADDRESS	395	West ANAMS	Stre	ex	-
CITY-ST-ZIP TITLE	JACKSMV	THE FL	SOOD DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	JAG	kson fille, fil	322	[] Change [] Addition	
NAME	Linda Wil	10052	Doctor	2 2 NAME				[] Orlange [] Mount)11
STREET ADDRESS	325 West		treet	23 STREET ADDRESS	325	•			
CITY-ST-ZIP	JACKSON		32202	2 4 CITY- ST- ZIP					
TITLE	13 .		DELETE	31 TITLE				[] Change [] Addilio	on
NAME	sus an wh	ATTA-TON	and	3.2 NAME		400002	798	9447	-
STREET ADDRESS CITY-ST-ZIP	JACKSONVII	Adams St		33 STREET ADDRESS 34 CITY-ST-ZIP	1			1032017	ļ
TITLE	DIAC POSTA II	1C1 - 5	DELFTE	4 1 TITLE			o8.75 -	Change S Addition	n n
NAME				4 2 NAME)				Ì
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP	T		[] December	44 City-ST-ZiP				F-10	
TITLE			☐ DELETE	5 1 TITLE 5 2 NAME				[] Change [] Addition	on
STR ET ADORESS				53 STREET ADDRESS					
CITY-ST-ZP				54 CITY-ST-ZIP			_		
TITLE			DELETE	6 1 TITLE	1		\mathcal{M}	[]Change []Addition	n
NAME				6 2 NAME			\mathcal{O}_{V_i}	- 69	
STREET ADDRESS				63 STREET ADDRESS			7	W. M. I	

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

SIGNATURE

Wood Whitatal Suntained of 19-9

(904)355-3500