## 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

DOCUMENT #	P98000031400
1. Corporation Name	. 00000001.100

Country

9. Name and Address of Current Registered Agent

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KIMBALL, HARRY

3000-4 HARTLEY RD JACKSONVILLE FL 32257

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MUSEUNICES INCIDATION SERVICES INC

Mailing Address		
3000-4 HARTLEY RD JACKSONVILLE FL 32257		
 2a. Mailing Address		
 Suite, Apt. #, etc.		
 City & State		

Zip

29

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

04/01/1998 FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

				<u></u>					
		84	City		FL 85 Zip C	ode			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE						{			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  UATE									
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER					
TITLE	DELETE DELETE	1.1 TITLE		PD	Change	<b>□</b> ⊀ddition			
NAME.	KIMBALL, HARRY,	1.2 NAME		Kimball, Harry					
STREET ADDRESS	3000-4 Hartley Fel	1.3 STREET	ADDRESS	3000-4 Hartlesto	4. 263				
CITY-ST-ZIP	JACKSONVILLE FL 30257	1.4 CITY-ST	-ZIP	Jacksonully, FL	32257				
TITLE	S D DELETE	2.1 TITLE		50	☐ Change	Addition			
NAME.	Kimball, Dair	2.2 NAME		Kimball, Dair		ļ			
STREET ADDRESS	Kimball, Dair 3000-4 Hartley Kol JACKSONULLE, FL32-257	2.3 STREET	ADORE\$\$	3000-4 Hartley RD	33.357	ĺ			
CITY-ST-ZIP	TACKSONUME FL32251	2. 4 CITY-S	T-ZIP	Jackgonville FL	30001				
TITLE	☐ DELETE	3.1 TITLE		,	Change	☐ Addition			
NAME		3.2 NAME				ĺ			
STREET ADDRESS		3.3 STREET	ADDRESS			]			
CITY-ST-ZIP		3.4 CITY-S	r-zip						
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition			
NAME		4. 2 NAME				Ì			
STREET ADDRESS		4.3 STREET	ADDRESS						
CITY-ST-ZIP		4.4 CITY+S1	-ZIP						
TITLE	□,DELETE	5.1 TITLE			☐ Change	☐ Addition			
NAME		5.2 NAME				Í			
STREET ADDRESS		5.3 STREET	ADDRESS			}			
CITY-ST-ZIP		5.4 CITY-S1	ZIP						
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition			
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET	ADDRESS			1			
CITY-ST-ZIP	and its that the information supplied with this filing does not qualify for the	6.4 CITY-ST		d in Continue 440 07/2V/) Florido Statutos 1 furth	or cortific that the in	formation			

Country

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I nereby ceruly 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:

NO OFFICER OR DIRECTOR

904268-8804