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 # **P98000064590**1. Corporation Name

ABC LAU	indry mayport road, in	C.				
Principal Place	e of Business	Mailing Address				IN BIRIT BIRBY BITTE INTO BOST THEI
13581 OSPREY POINT DRIVE 13581 OSPREY POINT DRIVE JACKSONVILLE FL 32224 JACKSONVILLE FL 32224					DO NOT WRITE IN TH	IIS SPACE
					 Date Incorporated or Qualified 07/22/1998 	
	- A During	2a. Mailing Address			4. FEI Number /	Applied For
2. Principal Pi	ace of Business	2a. Mailing Address 26			59 352 723/	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	
24	25	29 30)		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Register	ad Agent
			81	Name		
BOWLUS, MICHAEL ESQ 10110 SAN JOSE BLVD			82	Street A	Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32257			83			
			84	City		85 Zip Code
				L		of abandon its registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligat	if Florida. Such change was autf	iorizea by	tne corpo	corporation submits this statement for the purpose oration's board of directors, I hereby accept the ap	pointment as registered
SIGNATURE		_				
	Signature, typed or printed name of registered agen	<u> </u>		nt signature re	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
12.	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D ANOLIAEI		1.2 NAME			
NAME	STRUB, MICHAEL					
STREET ADDRESS	13581 OSPREY POINT DRIVE		1.3 STREE	TADORESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224	CKSONVILLE FL 32224 1.40		1-219		☐ Change ☐ Addition
TITLE	D	_				
NAME	STRUB, MARGARET		2.2 NAME			
STREET ADDRESS	13581 OSPREY POINT DRIVE			TADORESS		
CITY-ST-ZIP	3/10/10 0/1//LEE : E 3-1-1		2.4 CITY-5 3.1 TITLE	ST-ZIP		☐ Change ☐ Addition
TITLE		□ DECETE	32 NAME			_ , _
NAME			1	TADDRESS		
STREET ADDRESS						
CITY-ST-ZIP			3.4 CITY-S 4.1 TITLE	51-ZIP		☐ Change ☐ Addition
TITLE			4. 2 NAME			
NAME				T ADDRESS		
STREET ADDRESS			4 4 CITY-S			
CITY-ST-ZIP		□ DELETE	51 TITLE	1-211		☐ Change ☐ Addition
TITLE		_ occur	5.2 NAME			
NAME			B .	TADDRESS		
STREET ADDRESS			54 CITY-S	1		
CITY-ST-ZIP			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			• •
€ -41.44.P=	1			ì	•	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation of the corpor

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

2.10-99 9042207563

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90057 009 ***150.00