.

AMOUNT QUE ON OR BEFORE 09/13/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90002 048 ***550.00

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		110.		i 1984/1941 Min Igiri (Ahit Com) Anix Pom) arini (1884 Aten Arin Arin Arin Arin Arin Arin Arin Ari
<u> </u>		1		
Principal Pla	ce of Business	Mailing Address		I (BRITARS IIR 1919; rhim debris mart) meter meer (1611 (6615 betil mys 1800)
800 FLAGLER		800 FLAGLER AVENUE		
JACKSONVILL	E FL 32207	JACKSONVILLE FL 32207	'	DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified
	,			08/17/1998
	Place of Business	2a. Mailing Address		4. FEI Number 59-3527445 Applied For Not Applied For
21		26		
Suite, Apt	t. #, etc	Suite, Apt. #, etc.	_	5. Certificate of Status Desired - \$8.75 Additional Fee Required
22 City & Sta	No	27 City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zíp	Country	8. This corporation owes the current year
24	25	29	30	Intangible Personal Property. Yes No
	9. Name and Address of Cu	rrent Registered Agent	81 Nam	10. Name and Address of New Registered Agent
VAL	VAD FARAH, JOEY			
	FLAGLER AVENUE		82 Stree	et Address (P.O. Box Number is Not Acceptable)
JAC	KSONVILLE FL 32207		83	
	Marie and the		84 City	85 Zip Code
	•		11.	FL
11. Pursuar	t to the provisions of sections 607.	0502 and 607.1508, Florida Statut	as, the above-named	corporation submits this statement for the purpose of changing its registered
office or agent. I	r registered agent, or both, in the S am familiar with, and accept the o	tate of Florida, Such change was bligations of, section 607,0505, Fl	authorized by the col lorida Statutes.	corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				there received when reinstations) DATE
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT / SECT		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	NESTIVE TO THE	ਮ ਮ	1.2 NAME	X8
STREET ADDRESS		,	1.3 STREET ADDRESS	3
CITY-ST-ZIP	JAMILSONVIlle, Fl.	32207	1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS		<u>-</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.1 TITLE	Change Addition
VAME		L 966676	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS	1		4.3 STREET ADDRESS	
DITY-ST-ZIP	 	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
IAME		L_ DELETE	52 NAME	
ITREET ADDRESS			5.3 STREET ADDRESS	.
HTY-ST-ZIP			5.4 CITY-ST-ZIP	
TLE		DELETE	6.1 TITLE	Change Addition
IAME			6.2 NAME	.
TREET ADDRESS		`	6.3 STREET ADDRESS	1
ary-sr-zip	artify that the information associated	with this filling draws and qualify for a	6.4 CITY-ST-ZIP	in section 119.07(3)(I), Florida Statutes. I further certify that the information
Indicated (on this annual report or supplemen	tal annual report is true and accu	rate and that my sign	in section 119.07 (3)(), Fronce Statutes. Further certain that in enformation habiting shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears
an officer in Block 1:	or director of the corporation or the 2 or Block 1/3 if changed, or on an	processes or musice empowered to attachment with an address.	D execute this report	as required by Chapter 607, Florida Statutes; and that my name appears
	CIC	NAZURE FEQ	HRED	7-301-90 858 AVAID
SIGNAT	UKE: TO	スペン しいドー いんだい		

Dayerne Phone # 1-964 858 -9800