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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081830

Principal Place	e of Business ERE DRIVE SOUTH	Mailing Address 5513 WINDERMERE DRIVE JACKSONVILLE FL 32211	SOUTH			DO NOT WRITE IN TH		
						3. Date ir corporated or Qualifed 09/22/1998		
2. Principa Place of Business		2a. Mailing Address				4. FEI Number 59-35-33436	<u> </u>	pplied For ot Applicable
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc		•		5. Certifc ite of Status Desired	•	A Iditional ecuired
City & State	9	City & State28						to Fees
Zip 24	Cour try	Zip	C∞.	untry		This corporation owes the current year     Persor at Property Tax.	☐ Yes	l⊒No
	9. Name and Address of Curren	1		T		10. Name and Address of New Registere	d Agent	
				81	Name			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street At dre	ess (P.O. Bo> Number is Not Acceptable)		
				83				
				84	City	pration submits this statement for the purpose in a board of directors. I hereby accept the app		Code
SIGNATUFE		re and title if applicable. (NOT	E: Registered		signature req ired	when realistating)  ADDITI INS/CHANGES TO OFFICERS		DIRS IN 12
TITLE	PSTD DELETE VAN EVANS, ROBERT		1.1 TITLE 1.2 NAME				Change	Addition
STREET ADDRESS	THE SAME PROPERTY OF THE SAME PARTY.			1.3 STREET ADDRESS : 1.4 City-St-ZiP				
CITY-ST-ZIP TITLE	ONOROCITYILLE I E SEETI	☐ DELETE	2.1 Ti				Change	Addition
NAME			22 N	22 NAME				
STREET ADDRESS			9	2.3 STREET ADDRESS				
CITY-ST-ZIP				2.4 CITY-ST-ZIP			Change	Addition
TITLE NAME		□ offere		3.2 NAME			- *	_
STREET ADORESS			335	TREE [	AUDRESS -			
CITY-ST-ZIP			_	TY-ST	-zpp	· · · · · · · · · · · · · · · · · · ·		FT 4 440
TITLE	☐ DELETE		4.1 TITLE				Change	Addition
NAME			4.21					
STREET ADDRESS				TREET /	ADDRESS .			
CITY-ST-ZIP TITLE		☐ DELETE	511				Change	Addition
NAME			5.2 N	_				
STREET ADDRUSS					ADDRESS			
CITY-ST-ZIP			5.4 C	TY-SI-	ZP		[] Change	Addition
TITLE		DELETE	6.1 TI 6.2 N				Ciciange	
NAME			1	_	ADORESS .			
STREET ADDRESS	1		6.15	:KEE!	-LURESS			

14. Theretry certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 jf.changerl, or on an attacliment with an address, with all other like empowered.

64 CITY-ST-ZIP

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Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90173 013 \*\*\*150.00