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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083250

Mar 24, 1999 8:00 am Secretary of State

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HUGHES, PATRICIA E 9051 ADAMS AVE. JACKSONVILLE FI. 32208 11. Pursuant to the floridations 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 segent. I am famility high, and accept the objections 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 directors. I hereby accept five applicant as registered agent. I am famility high, and accept the objections by Section (507.0502, Florida Statutes, part and till a registered agent. I am famility high, and accept the objections of Sections (507.0502, Florida Statutes). SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE D D DELETE 2.1 TITLE D D DELETE 2.1 TITLE D D D DELETE 2.1 TITLE D D D DELETE 2.1 TITLE D D D DELETE 3.2 STREET ADDRESS 3.4 CKYN-51-2P ADKKSONVILLE FI. 32208 DELETE 3.4 CKYN-51-2P ADKSONVILLE FI. 32208 DELETE 3.5 ZIP Code FILE D Change Addition Addition Addition Addition Addition Addition Addition ADME STREET ADDRESS ADKKSONVILLE FI. 32208 DELETE 3.4 CTYN-51-2P ADKCSONVILLE FI. 32208 DELETE 3.4 CTYN-51-2P ADKCSONVILLE FI. 32208 DELETE 3.5 TITLE D Change Addition ADKCSONVILLE FI. 32216 DELETE 1.5 TITLE D Change Addition Change Addition Change Addition Change Addition ADKCSONVILLE FI. 32216 ACKSONVILLE FI. 32216 DELETE 3.5 TITLE D Change Addition Change	25 2208 25 USA 29 30			٦ .			Personal Property Tax.		Yes	ŒN₀
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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 agent. I am famility brink, name accept the objective of 20,506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am famility brink, name accept the objective of 20,506, Florida Statutes. SIGNATURE						Addres	tress (P.O. Box Number is Not Acceptable)			
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 again. I am familiary on both, in the State of Florida, Suchrichange was authorized by the corporation's board of directors. I hereby accept the appointment are registered again. I am familiary hip, and accept the objections of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE D OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. GITN-ST-ZP 15. THE 16. THE OCCUPANTION OFFICERS AND DIRECTORS IN 12 17. NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRECTORS IN 12 11. THE 10. ORACLE AND ARCLE AND ARCLE AND ARCLE AND DIRECTORS IN 12 11. THE 10. ORACLE AND ARCLE AND				83			, , , , , , , , , , , , , , , , , , , ,			
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12.	SIGNATURE	Toghica C.	and title if applicability (NOTE: Rec	istered Age	nt signature re	equired v	when reinstating)	DATE	1 (
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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 suppliemental 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: