2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100779

SANDS, J. KEITH M

SUITE 200

(See criteria on back)

SIGNATURE _

11.

TITLE

NAME

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP TITLE

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NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1551 ATLANTIC BLVD

JACKSONVILLE FL 32207

9. This corporation is eligible to satisfy its Intangible

FRANSON, CHARLES J

ALDRIDGE, ROBERT G

Sands, J. Keith M

JACKSONVILLE FL 32207

JACKSONVILLE FL 32207

JACKSONVILLE FL 32207

1551 ATLANTIC BLVD STE 200

1551 ATLANTIC BLVD STE 200

1551 ATLANTIC BLVD STE 200

Tax filing requirement and elects to do so.

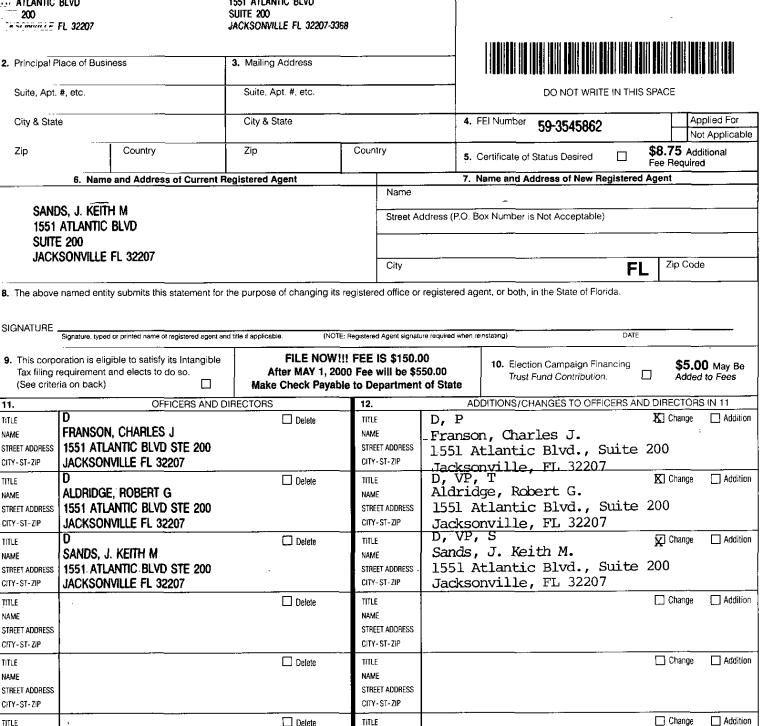
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Principal Place of Business ATLANTIC BLVD 200 FRESCHIME FL 32207		Mailing Address 1551 ATLANTIC BLVD SUITE 200 JACKSONVILLE FL 32207-3368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	6. Name and Address of C	urrent Registered Agent	
			Name

FILED Feb 29, 2000 8:00 am **Secretary of State**

02-29-2000 90124 049 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowe

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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SIGNATURE