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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08806

(9)

FILED
May 20 1998 8:00am
Secretary of State

	W CAB OF ST. JOHNS, INC	Maiting Address						
222 SAN MARCO AVENUE ST. AUGUSTINE FL 32084		222 SAN MARCO AVENUE ST. AUGUSTINE FL 32084		DO NOT WRIT	E IN THIS S	PACE		
					3, Date Incorporated or Qualified			
					10/12/1990			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	···	A	pplied For
21		26			59-3072645		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			D. 0511100115 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Fee F	Required
City & Stat	le .	City & State			Election Campaign Financing) May Be
23		28			Trust Fund Contribution			I to Fees
Zip	Country	Zip TIII	Coun	ıry	8. This corporation owes or has p			~
24	25 Name and Address of Current	1 Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R			∐ No
Λu		r rediscion whalir		Name	10, traine and Address of New P	- State of F	Agur	
	VENS, JAMES R		Ľ			·		
222 SAN MARCO AVENUE ST. AUGUSTINE FL 32084			[8	Street Ad	ddress (P.O. Box Number is Not Accepta	able)		
Ø1	. AUGUSTINE I'E SZUOT		1	33				
			Ī	34 City		FL	85 Zip	Code
agent. La	am familiar with, and accept the obliga	of Florida. Such ch ange was alions of, Section 607.050 5, F	authorized Iorida Statu	by the corpor	orporation submits this statement for the ration's board of directors. I hereby accurately	ept the appo	a Jindinibuli	a registered
egent. La SIGNATURE	an familiar with, and accept the obligations is specified age.	ations of, Section 607.0505, F	Iorida Statu	by the corportes.	ration's board of directors. I hereby accordingly	DATE		
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4. In breby centry that the information supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or supplication and that it is an an officer or director of the corporation or the positiver or trusted 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 au diffar human with an andress.

SIGNATURE:

4/30/98

904-824-5678