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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S12419

	MONDS COMPANY OF N. F	-L, ING.								
Principal Place	of Business	Mailing /	Address				1 10011313	5 2 .2 2.2 .		
6320 ST AUGUSTINE RD 6320 ST AUGUSTINE RD										
BLDG #1 BLDG #1 ACK OND #1 F. COST 7							DO NOT WRITE	IN THIS SI	PACE	
JACKSONVILLE FL 32217 US JACKSONVILLE FL 32217 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
03							11/14/1990			
└	lace of Business	2a. Maili	ing Address				4. FEI Number		<u> </u>	pplied For
21		26					59-3041381			ot Applicable
Suite, Apt.	#, etc.	<u> </u>	e, Apt. #, etc.	-			5. Certifcate of Status Desired	<u> </u>		Additional equired
22		27 - City	& State				a Flactice Operation Financing			May Be
City & State	e	— ´	a State				6. Election Campaign Financing Trust Fund Contribution			to Fees
Zip	Country	28) Zip		Cou	ntrv		This corporation owes the current	t vear Intan		
24	25	29		30	,		Personal Property Tax.		Yes	□No
[24]	9. Name and Address of Currer		Agent	1301			10. Name and Address of New Reg	sistered Ag	ent	
					81	Name				
	onds, stephen L				82 :	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	ST. AUGUSTINE RD						, as the second of the second			
BLDG					83					
JACK	(SONVILLE FL 32217				84	City			85 Zip	Code
						-		<u>FL</u>		
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.15 of Florida. Su ations of, Secti	08, Florida Statu ich change was a ion 607.0505, Flo	tes, the a authorized orida Stati	bove-n by the utes.	named corporati	poration submits this statement for the pu ion's board of directors. I hereby accept t	he appointr	nent as re	egistered
SIGNATURE										
OIOINTIONE	Signature, typed or printed name of registered age	ent and title if applica	able. (NOT)	E: Registered	Agent si	ignature requir	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN		RS	E: Registered	Agent si	ignature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND		
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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 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7396007

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90104 037 ***158.75