COF ANN	PROFIT RPORATION JAL REPORT 1999		FLORIDA DEPAR: Katherin Secretary DIVISION OF CO	of State	FILED 99 NOV 17 PM 12: 25			
DOCU 1. Corporation HIERS,	n Name	5963			SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA	RIK BARK MARK BARK I	HAM BARA Ha	
Principal Place of Business 5654 GREEN FOREST DR JACKSONVILLE FL 32244 2. Principal Place of Business Mailing Address Mailing Address 2a. Mailing Address					JOINT PA GODO DO NOT WRITE IN T 3. Date incorporated or Qualifed 05/30/1991	HIS SPACE	006 \$1EU.C	
21 8537	makee of Business	Rd.	26 8537 MARI	ee Rd.	4. FEI Number NOT APPLICABLE		t Applicabl	
Suite, Apt.	#, etc		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
City & Stat	¢ Fla	 	City & State	Fla.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip 24 322	Country 25 Du	VAL	29 B> > 4 4	Country DUVAL	This corporation owes the current yea Personal Property Tax.	Intangible	□No	
24 332	9. Name and Addres			30,	10. Name and Address of New Register			
853	rs, Jean L 7 Marlee RD Ksonville Fl 32244	ı		82 Street Add	dress (P.O. Box Number is Not Acceptable)	.,		
853 JAC	7 MARLEE RD KSONVILLE FL 32244 to the provisions of Sectionistics of Section of Section in familiar with, and access	ons 607.0502 a in the State of opt the obtigation		84 City a. the above-named corthorized by the corporated Statutes.	rocration submits this statement for the purpose tion's board of directors. I heraby accept the ap			
JAC 11. Pursuant office or i agent. I s	7 MARLEE RD KSONVILLE FL 32244 to the provisions of Sectionistered agent, or both, im familiar with, and acce Signature typed or printed name	ons 607.0502 a in the State of opt the obtigation	nd title if applicable (NOTE: I	83 City	rocration submits this statement for the purpose tion's board of directors. I heraby accept the ap	of changing its pointment as re	registered gistered	
11. Pursuant office or ingent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	7 MARLEE RD KSONVILLE FL 32244 to the provisions of Sective gistered agent, or both, im familiar with, and accessionative typed or printed name OI P HIERS, JEAN L 8537 MARLEE RD	ons 607.0502 a in the State of pt the obligation of regestered agent at FFICERS AND	nd title if applicable (NOTE: I	84 City 8. the above-named corporate thorized by the corporate Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purposition's board of directors. I hereby accept the agreed when relating) DATE	of changing its pointment as re	registered gistered	
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indicated on this annual report or supplied with this hang obes not goally for the exemption stated in 18.07(3)), Purities Statutes. Intrinsic clarify that the within indicated on this annual report or supplied with an additional annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.

CALATILDE:

ALAZE - 99

Golf - 079.2823

CICNATIIDE.

4-28-99 904-779.2829