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03-10-1999 90276 015 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation CADLINE							
Principal Place	of Rusiness	Mailing Address				EJOH DION DI	III BIBII IBBI
)		1516 LANDON AVENUE					
1516 LANDON AVENUE JACKSONVILLE FL 32207		JACKSONVILLE FL 32207					
US	1 5 52207	US			DO NOT WRITE IN THIS SE	PACE	
					Date Incorporated or Qualifed		
					10/10/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-3103325		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	,			Fee Rec	
City & State	9	City & State	, ,		6. Election Campaign Financing	\$5.00 N	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intan		أينها
24	25	29 36	0		- Crooker roporty rax		∏No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Ag	Jenit	
LUCAS, ROBERTA				Name			
1516 LANDON AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32207			83				
JACI	GOIVILL I L 32207		83				
			84	City	FL	85 Zip C	ode
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was autroions of, Section 607.0505, Florid	orized by a Statutes	the corporati	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointre	nent as reg	istered
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	t signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
12.	PD OFFICERS AND	DELETE DELETE	1.1 TITLE			Change	Addition
	LUCAS, JAMES M.		1.2 NAME				_
NAME	1516 LANDON AVENUE		1.3 STREET	ADDDESS			
STREET ADDRESS	JACKSONVILLE FL 32207		1.4 CITY-ST				
CITY-ST-ZIP	SD			1-211		Change	Addition
	LUCAS, ROBERTA L.		2.1 TITLE 2.2 NAME			_ ,	-
NAME STREET LODGESS	1516 LANDON AVENUE		2.3 STREET	ADDRESS			
STREET ADDRESS	JACKSONVILLE FL 32207		2.4 CITY-S			_	
CITY-ST-ZIP			3.1 TITLE	1-ZIP		Change	☐ Addition
]			3.2 NAME				
NAME	.*		1	ADDRESS			
STREET ADDRESS			3.4. CITY- S				
CITY-ST-ZIP	<del></del>		4.1 TITLE	1-21		Change	Addition
TITLE		_ 0222.2	4. 2 NAME				
NAME			4.2 TOWNE	ADDRESS			
STREET ADDRESS			4.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-71		☐ Change	Addition
NAME			5.2 NAME			-	Į
STREET ADDRESS			5.3 STREET	ADDRESS			
i			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition

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 organ attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP