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	PROFIT DRPORATION NUAL REPORT		FLORIDA DEPARTMENT Katherine Hari Secretary of Stat DIVISION OF CORPOR		is e	Mar 16, Secreta	1999 8 ry of S	stat	te
	1999					03-16-1999 9	0143 046 ***	150.00)
 Corporati 									
JOSHU	a a, whitman, p.a					A TABAH ATABAH ANTAL ANTAL ANTAL ANTAL	IIN FAIL AFNIL BINGI NINJ	I MIMIL AFAY	11 JE J 11 1 1 1 1 1
Principal Place of Business Mailing Address 0151 DEERWOOD PARK BLVD. 4215 SOUTHPOINT BLVD.									
LDG. 100 STE 250 SUITE 100 ACKSONVILLE FL 32256 JACKSONVILLE FL 32216							TE IN THIS SPAC	E	
ACKSONVILL S	E FL 32256	JACK	UNVILLE FL 32210			3. Date Incorporated or Qualifed			
Principal	Place of Business	2a M	ailing Address			12/16/1991 4. FEI Number		Appl	hed For
1		26				59-3096844			Applicable
Suite, Ap	ot. #, etc.	S 27	uite, Apt. #, etc.			5. Certifcate of Status Desired	11 **	3.75 Ad Fee Req	
City & Sta	late		City & State			6. Election Campaign Financing Trust Fund Contribution	11	5.00 M	,
3 Zip	Country	28 Z		Сои	ntry	8. This corporation owes the current of the control of the current of the cu			1662
				0		Personal Property Tax 10. Name and Address of New 1	Y		
	9. Name and Addres	ss of Current Registe	red Agent		81 Name	IV. Hame and Address of New 1		<u> </u>	
	HITMAN, JOSHUA A	01.10			82 Street Add	ress (P O. Box Number is Not Accept	able)		<u></u>
	151 DEERWOOD PARK DG. 100 STE 250	BLYD.			83				
	CKSONVILLE FL 32256				84 City		- 85	Zip Co	
			1509 Elanda Statutor	the e	,	poration submits this statement for the	FL		
office or	int to the provisions of Section r registered agent, or both, I am familiar with, and acce	in the State of Florida.	Such change was aut	thorized	I by the corporati	on's board of directors. I hereby acce	pt the appointmen	t as regi	sterec
SIGNATUR	E _				Agent signature require	d whose some taken a	DATE		
2.	Signature, typed or printed name o	FFICERS AND DIREC		13.	Agent signature require	ADDITIONS/CHANGES TO OF	FICERS AND DIF		
ПЕ	DPST	•	DELETE	1170				hange	Addition
IAME	WHITMAN, JOSHUA ss 10151 DEERWOOD I		100/050	1 1 2 NA	ME				
			100/250		REET ADURESS				
	JACKSONVILLE FL 3	32256		1 3 ST	REET ADURESS				
ITY-ST <u>-ZIP</u> TLE	JACKSONVILLE FL 3	32256		1 3 ST 1 4 CF 2.1 TP	TY-ST-ZIP ILE			hange	Addition
ITY-ST-ZIP ITLE AME		32256		1 3 ST 1 4 CF 2.1 TF 2 2 N/	TY-ST-ZIP ILE		C	hange	Addition
ITY-ST-ZIP ITLE IAME TREET ADDRES		32256	DELETE	1 3 ST 1 4 CF 2.1 TF 2 2 NA 2 3 ST 2 4 C	1Y-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP			_	
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TTY-ST-ZIP ITLE IAME STREET ADDRES STY-ST-ZIP ITLE	55	32256	DELETE	13 ST <u>14 CI</u> 2.1 TF 22 N/ 23 ST <u>24 C</u> 3* TF 32 N/	TY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE			_	
ITY-ST-ZIP ITLE IAME ITREET ADDRES ITY-ST-ZIP ITLE IAME TREET ADDRES	55	32256	DELETE	13 ST <u>14 CF</u> 2.1 TT 22 N/ 23 ST <u>24 C</u> 3 * 11 32 N/ 33 ST	TY-ST-ZIP AE ME REET ADDRESS ITY-ST-ZIP INE WE			hange	Acdition
ITY-ST-ZIP TILE AME TREET ADDRES ITY-ST-ZIP ITLE AME TREET ADDRES ITY-ST-ZIP ITLE	55	32256	DELETE	13 ST <u>14 CI</u> 2.1 TI 22 N/ 23 ST <u>24 C</u> 3* TI 32 N/ 33 ST <u>34 C</u> 41 Tr	TY-ST-ZIP RE ME REET ADDRESS ITY-ST-ZIP INE WE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP			_	
ITY-ST-ZIP TILE AME TREET ADDRES ITY-ST-ZIP TREET ADDRES ITY-ST-ZIP ITLE AME	55 55	32256	DELETE	1 3 ST <u>1 4 Cl</u> 2.1 Tl 2 2 N/ 2 3 ST <u>2 4 C</u> 3 ST <u>3 2 N/</u> 3 3 ST <u>3 4 C</u> 4 1 Tl 4 2 N	TY-ST-ZIP RE ME REET ADDRESS ITY-ST-ZIP INE WE REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP			hange	Acdition
ITY-ST-ZIP TILE AME TREET ADDRES ITY-ST-ZIP ITLE AME TREET ADDRES TREET ADDRES	55 55	32256	DELETE	1 3 ST <u>1 4 CP</u> 2.1 TF 2 2 NA 2 3 ST <u>2 4 C</u> 3 ' 1F <u>3 2 NA</u> 3 3 ST <u>3 4 C</u> 4 1 TF 4 2 N 4 3 ST	TY-ST-ZIP RE ME REET ADDRESS TY-ST-ZIP IVE REET ADDRESS IVT-ST-ZIP IVT-ST-ZIP IVT-ST-ZIP REAL ME			Change	Acdition
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 of an address, with all other like empowered CNATLIPE:

2-17-99 964.586.1111 Date Daylime Phone #