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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V01396

(3)

## FILED Feb 05 1998 8:00am Secretary of State

Principal Place of Business 4131 SOUTHSIDE BLVD. Switz 205 JACKSONVILLE FL 32216 US  2. Principal Place of Business 21 Suite, Apt. #, etc.	Mailing Address 4131 SOUTHSIDE BLVD. SUITE 1 JACKSONVILLE FL 32216 US  2a. Mailing Address 26 Suite. Apt. #, etc.		DO NOT WRITE IN THI:  3. Date Incorporated or Qualified  12/19/1991  4. FEI Number  59-3100131  5. Certificate of Status Desired	S SPACE  Applied For  Not Applicable  \$8.75 Additional
22 City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 25	29 3	Country	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible
g. Name and Address of Curren			10. Name and Address of New Registered	
ALTERMAN, LEONARD		81 Name		
9116 CYPRESS GREEN DRIVE		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL		Sileet Addres	ss (F.O. box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
			FI	<u>.</u> i
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				of changing its registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.	ns board or directors. Thereby accept the ap	ppolititient as registered
SIGNATURE				
Signature, typed or printed name of registered age 12. OFFICERS ANI		Registered Agent signature required		
TITLE D	A DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME THOMPSON, VERALUCIA		1.2 NAME		Onling© Addition
STREET ADDRESS. 9140 GOLFSTOE DR. S-1	1-01	1.3 STREET ADDRESS		
CITY-ST-ZIP ACKSONVILLE FL.	EDay Sta	1.4 CITY - ST - ZIP		
	DOLLTE	2.1 TITLE		☐ Change ☐ Addition
NAME 4131 Southside	9 DIVU.	2.2 NAME		
STREET ADDRESS Jacksonville, FL	32216 new.	2.3 STREET ADDRESS		
CITY-ST-ZIP (904) 998-S	39//	2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CiTy - ST - ZiP	DEL CONTROL OF THE PROPERTY OF	3.4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST- ZIP	I no ere	4.4 CITY-ST-ZIP		
TITLE NAME	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		1
TITLE ·	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	,	6.2 NAME		change number
STREET ADDRESS		6.3 STREET ADDRESS		ļ
CITY-ST-ZIF		6.4 CITY-ST-ZIP		İ
14. I hereby certify that the information supplied will	th this Tiling does not gualify for th		otion 119 07/3/(i) Florida Statutas I further o	ortify that the information

release certify that the information of supplied with this filing does not qualify for the exception 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 or an attachment with an address.

SIGNATURE: