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 # V35828

(5)

CERTIFIED MAIL PREP, INC.

	FILEL)
Jan 27	1998	8:00am
Secre	etary of	f State



Principal Place of Business Mailing Address								
9951 ATLANTIC BLVD. 9951 ATLANTIC BLVD.								
#470		#470 Jacksonville Fl, 32225	#470 IACKECANILLE EL 99295			DO NOT WRITE IN THIS SPACE		
JACKSONVILLE FL 32225 US US JACKSONVILLE FL 32225 US		•			3. Date Incorporated or Qualified			
-		••				05/13/1992		
2. Principal F	Place of Business	2a. Mailing Address			-	4. FEI Number	Applied For	
21		26				59-3120860	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional	
22		27				5. Certificate of Status Desired Fee	Required	
	City & State City & State			6. Election Campaign Financing \$5.0	00 May Be			
23		28	28				ed to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the current year	Intangible	
24	25		30			Personal Property Tax due June 30. 🔀 Yes	□ No	
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered Agent		
P/	AINE, R.D. JR			81	Name			
49	493 PILMORE DR					ess (P.O. Box Number is Not Acceptable)	- -	
JACKSONVILLE FL 32225-3389			, , , , , , , , , , , , , , , , , , ,					
			}	83			1	
				84	City	FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the ab	ove.	named corp		a its registered	
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized	by	the corporati	oration submits this statement for the purpose of changin ion's board of directors. I hereby accept the appointment	as registered	
i	ant familiar with, and accept the only	ations of, Section 607.0505, Flo	riua Siaii	Mes.		1/01/00		
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NOTE	Registered	Agen	il signature require	ed when reinstating) Δ/2ψ/98		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TiT	LE		☐ Chang	je 🔲 Addition	
NAME	PAINE, R.D.		1.2 NA	ME				
STREET ADDRESS	9951 ATLANTIC BLVD.#470		1.3 STF	REET A	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225-65	· · · · · · · · · · · · · · · · · · ·	1.4 C(T	Y-ST	- ZIP			
TITLE		☐ DELE te	2.1 T(T)	LE		∟ Chang	je 🔲 Addition	
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STF	REETA	ADDRESS			
CITY-ST-ZIP			2. 4 CI	TY-ST	r-ZIP			
TITLE		☐ DELETE	3.1 TIT	L€		L_1 Chang	ge 🛄 Addition	
NAME			3.2 NA	ME			-	
STREET ADDRESS			3.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			3.4. CI		-ZIP			
TITLE		☐ DE广E1E	4.1 TITI			<u></u> Chang	je 🔛 Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET A	NOORESS		j	
CITY-ST-ZIP		The series	4.4 CIT		- ZIP		. [] [[] [] []	
TITLE		☐ DELETÉ	5.1 TITI			☐ Chang	e 🗀 Addition	
NAME			5.2 NAI				ŀ	
STREET ADDRESS			5.3 STF	REET A	DDRESS		į	
CITY-ST-ZIP	<u> </u>		5.4 CIT		- ZIP			
TITLE		☐ DELETE	6.1 TITI			L. Chang	e L Addition	
NAME			6.2 NAI	ME			j	
STREET ADDRESS			6.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP			

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.