FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							FILED			
COF	PROFIT RPORATION JAL REPORT 1998	PORATION Sandra B. M. AL REPORT Secretary of			3		Jan 16 1998 8:00am Secretary of State			
NORTH	IEAST FLORIDA		(3)						141 0.5 11 0.5 1.	
Principal Place of Business 1638 N. MAIN STREET JACKSONVILLE FL 32206 US P. O. BOX 3175 JACKSONVILLE FL 32206 US							DO NOT WRITE 3. Date Incorporated or Qualified			
2. Principal Place of Business			2a, Mailing Address			09/09/1992 4. FEI Number			Applied For	
Suite, Apt. #, etc.			Suite, Apt. #. etc.				59-3140815			Not Applicable Additional
22 City & State			27				5. Certificate of Status Desired	<u> </u>		Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country Zip			Country 30			This corporation owes or has pa Personal Property Tax due June		_ '	ntangible
[24]		ess of Current Regis	tered Agent	[30]	-		10. Name and Address of New Re		_	<u> </u>
SC	OTT, LARRY A.			81		Name				
5623 DARLOW AVE.					82 Street Addre		ess (P.O. Box Number is Not Acceptab	ie)		
JAL	CKSONVILLE FL 32	277		83	L					
				84	H	City			85 Zip	Code
11. Pursuant i	to the provisions of Se	ctions 607.0502 and 6 th, in the State of Flori	07.1508, Florida Statu da. Such change was	tes, the above authorized by	Ð-r √ tl	named corpo	oration submits this statement for the poor's board of directors. I hereby accep	urpose of		
agent, f ai SIGNATURE	m familiar with, and ac	cept the obligations o	f, Section 607.0505, Fl	orida Statutes	S.					
12.	Signature, typed or printed ner	ne of registered agent and title DFFICERS AND DIREC			∍nt	signature required	d when reinstating)	DATE	D DIDEOTO	NDO 11 4 6
TITLE	PD	DIT TOLING AND DIREC	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Change	-
NAME	SCOTT, LARRY A			1.2 NAME						
STREET ADDRESS	5623 DARLOW A			1.3 STREET	ΑD	ODRESS				
CITY - ST - ZIP	JACKSONVILLE I	<u>'L</u>	Locustr	1.4 CITY - S	T- :	ZIP			() nh	L La Deut
TITLE NAME			☐ DELETE	2.1 TITLE 2.2 NAME					Change	☐ Addition
STREET ADDRESS				2.3 STREET	ΑD	DRESS				
CITY-ST-ZIP				2. 4 CITY - S		j				
TITLE	-1.70		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME							
STREET ADDRESS				3.3 STREET						
CITY - ST - ZIP TITLE			☐ DELETE	3.4. CITY-S 4.1 TITLE	T-	4K4			☐ Change	Addition
NAME				4. 2 NAME					51.0196	/ Addition
STREET ADDRESS				4.3 STREET	ΑD	DRESS				
CITY - ST - ZIP			1-1	4.4 CITY-ST	7-2	ZIP				
TITLE			☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME STREET ADORESS				5.2 NAME	٠.	ODECC				
City-St-7iP				5.3 STREET .		l				

CITY-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 trasper 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. For an attachment with an address.

SIGNATURE:

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

Change Addition