## 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 #** V72148 (2)

TILLI
Feb 13 1998 8:00am
Secretary of State

EII ED

Pri	in <b>cipa</b> l Plac	HOKERAGE CO.  e of Business SITY BLVD N	Mailing Add 900 UNIVE SUITE 500	RSITY BLVD N	<del></del>				
		LE FL 32211		ILLE FL 32211			DO NOT WRIT	E IN THIS SPACE	:
Ì			• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified 10/15/1992		
2.	Principal P	lace of Business	2a. Mailing /	ddress			4. FEI Number		Applied For
21			26				59-3191984	ŀ	Not Applicable
22	Sulte, Apt.	, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
	Cltv & State ! Cit			ate			6. Election Campaign Financing		5.00 May Be
23			28				Trust Fund Contribution		dded to Fees
	Zip	Country	Zıp		Country	/	8. This corporation owes or has p	ald the current ye	ar Intangible
24		25	29		10		Personal Property Tax due Jun		
		9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New R	egistered Agent	
		HELAN, M. FRED			61	Name			
		O UNIVERSITY BLVD N			82	Street Addr	ess (P.O. Box Number is Not Accepta	ıble)	
		ATE 500							
	JA	CKSONVILLE FL 32211			83				
					84	City		- 85	Zip Code
								<u> </u>	
	office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such o	change was au 607.0505, Flori	thorized by	y the corporati	oration submits this statement for the ion's board of directors. I hereby acce	ept the appointme	int as registered
		Signature, typed or printed name of registered		(NOTE: I		ent signature require	ed when reinstating)	DATE.	OTODO NI 15
12		OFFICERS A	AND DIRECTORS	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
TITL		POWERS, WARREN P.	L	) perceie	1.1 TITLE				ange LJ Audition
NAM		900 UNIVERSTY BVD N #	SAA		1.2 NAME	ADDOCCO			
	REET ADDRESS	JACKSONVILLE FL	<b>700</b>		1.3 STREET				
TITL	Y-ST-2IP	D		DELETE	1.4 CHTY~S 2.1 TITLE	51-ZIP		T Ch	ange Addition
NAA		WHELAN, M. FRED	-	J PETELE	2.2 NAME				
	LEET ADDRESS	900 UNIVERSTY BVD N #5	inn						
	ECI MUNICOS					AUUBEGG		<u>.</u>	Land 170 Division
OII.	V_CT. 760	JACKSONVILLE FL	,,,,,		2.3 STREET	ì		<u>_</u> 01	
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NAA Str	le Ae Beet address Y-st-zip	JACKSONVILLE FL		DELETE	2.3 STREET 2.4 CITY-3 3.1 TITLE 3.2 NAME	ST-ZIP  ADDRESS			ange Addition
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14. I hereby certify that the information sypplied 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 symplemental annual proof 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 exemption of the corporation of the coefficient of the coe