FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

F27395 DOCUMENT #

(5)

Principal Place 1708 ATLANT LAKELAND F	TA COURT	Mailing Address 1708 ATLANTA COURT LAKELAND FL 33803 US			
00		US			3. Date incorporated or Qualified 3a. Date of Last Report 04/01/1981 03/02/1995
_2, Principa Pt 21	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For 59-2077439 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
Orty & State 23	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	25 29		Country 30	1	B. This corporation has liability for intangible tax under s 199.032, Florida Statutes
	9. Name and Address of Currer	it Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
	acher, richard 'Lanta C		82	Street A	Address (P.O. Box Number is Not Acceptable)
LAKELAI	ND FL 33803		83		
			64	City	B5 Zip Code
familiar wi SIGNATURE. 12.	ith, and accept the obligations of, Sect Stand on trend or probat name of regioned agent OFFICERS AN	and the mappinane INC	S.		board of directors. I hereby accept the appointment as registered agent. I am Pate ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY - ST - ZIP	SCHUMACHER, ELAINE 1708 ATLANTA CT. LAKELAND, FL 00000	_	1.2 NAME 1.3 STREET 1.4 CITY - S	ADORESS T-ZIP	Lakeland FL (33803)
NAME STHELL ADDRESS COY - ST- ZIP	SCHUMACHER, RICHARD 1708 ATLANTA CT. LAKELAND, FL 00000	☐ DELETE	2 1 TITLE 22 NAME 23 STREFT 24 CHY-S	ADDRESS T-ZIP	Lockeland Fi (3803)
THEF NAME STREET ADDRESS CITY-ST ZIF		☐ DELFTE	3 1 THILE 32 NAME 33 STREET 34 CHY-S		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIE		☐ DELETE	4 1 TITLE 4.2 NAME 4 3 STREET 4.4 CITY - S		☐ Change ☐ Addition
THEF NAME STHEEL ACORESS CHY-ST-ZIP		☐ DELETE	5 1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S	ADDRESS	Change Addition
THEE NAME STREET ADDRESS CHY-ST-ZIE		☐ DELETE	6 1 TITLE 62 NAME 63 STREET 64 CITY-S	ADDRESS 1-zip	☐ Change ☐ Addition
oath; that	i trie information indicated on this annu	ial report or supplemental anni ration or trie receiver or truster	ual report is tru e empowered t	e and acci	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name

2 - 7 - 96 941-284-5602 Date Destrict Proces