## 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

**FILED** Feb 04 1998 8:00am Secretary of State

	OFF I MOUTHE	F73243 AND ASSOCIAT	· /							
Principal Plac	ce of Business		Mailing Address				- 1 100/6640 1411 18408 (61/10 1/101) 0/108/	i idel <b>s</b> umul <b>b</b> erti		
•	AND HILLS BLVD		P. O. BOX 291639				1			
LAKELAND FL 33805 TEMPLE TERRACE FL 33687-1639							Ĭ .			
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							3. Date Incorporated or Qualified	1		
s Dringland I	Place of Business		2a. Mailing Address				03/23/1982 4. FE! Number			
21 1239	28. Maining Address	Maning Address			59-2167687		<del></del>	oplied For ot Applicable		
Suite, Apt.			Suite, Apt. #, etc.						Additional	
22	,		27	•			5. Certificate of Status Desired	Ø		equired
City & Sta	te		City & State	<del> </del>			6. Election Campaign Financing		\$5.00	May Be
23 LAKE	LAND F	L,	28				Trust Fund Contribution	$\Box$		to Fees
Zip		Country	Zip	Col	intry		8. This corporation owes or has	paid the cur	rent year Ini	tangible
24 335303	25	VS	29	30			Personal Property Tax due Jui			No
	g. Name and	Address of Current I	Registered Agent				10. Name and Address of New I	Registered	Agent	
JO	HNSTON, TRAC	CY			81 Nan	e				ĺ
10	904 VICTORIA /	arbor way			82 Street Address (P.O. Box Number is Not Acceptable)					
TE	MPLE TERRACI	E FL 33617								
					83					
					84 City				85 Zip	Code
					'			<u>_FL</u>	1-1	
office or agent. I a	to the provisions registered agent, am familiar with, a	of Sections 607.0502 or both, in the State of accept the obligation		tutes, the a is authorize Florida Sta	bove-named by the countries.	orporation	oration submits this statement for the on's board of directors. I hereby acc	e purpose of ept the app	changing i ointment as	ts registered registered
SIGNATURE	TRACH	VittaieTail ~	F 12 at 1 1 1 at 17"		a				1 X	
	St		PRESIDENT	MATE: \$1	N	44,00		- <del>200</del> -	10	<del></del>
	Signature typic or pri	nted name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signa	ure efcured		- 28 -		S IN 12
12.	Signature typid or pri	of registered agent a OFFICERS AND I	and title if applicable. (N DIRECTORS	13.		ure efcured	TWISH reinstating) ADDITIONS/CHANGES TO OFF	<u> </u>	DIRECTOR	
12. TITLE	Signature type 2 or pri	OFFICERS AND I	and title if applicable. (N	13. 1.1 Y	TLE	ure efecured		<u> </u>		RS IN 12
12. TITLE NAME	PT JOHNSTON	OFFICERS AND I	and title if applicable. (N DIRECTORS DELETE	13. 1.1 T 1,2 N	TLE AME			<u> </u>	DIRECTOR	
12. TITLE NAME STREET ADDRESS	PT JOHNSTON 10904 VICTO	OFFICERS AND I TRACY W ORIA AREBOR WAY	and title if applicable. (N DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S	TLE AME FREET ADORES			<u> </u>	DIRECTOR	
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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

941-686-2237