FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1997		Secreta DIVISION OF	ry of Sta	le	Secret	ary	of St	ate
	MENT # 1 ORNAL, INC.	90197	(4)) (93) (18) (18)	H B/8/1 B/B/1 B/B/1)	01 0 15 1 00 5
Principal Place of Business 336 MAGNOLIA AVE SW P O BOX 1 WINTER HAVEN FL 33882		33 P	Mailing Address 336 Magnolia ave SW P O BOX 1 WINTER HAVEN FL 33882-0001			3. Date Incorporated or Qualified 3a. Date of Last Report			
6 Dain level 0	None of Charles	(25	Mailing Address			01/12/1956	04	1/24/1996	-E1-E
2. Principal P	Place of Business	26	. Mailing Address			4. FEI Number 59-0762626			phied For of Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.		14-1	Certificate of Status Desire	a 🗆	\$8.75	Additional
City & State		27	City & State					Fee Re	·
23	e.	26	Ony & State			6. Election Campaign Financi Trust Fund Contribution	ng	\$5.00 Added 1	
Zip 24	25		Zip	30 Co	untry	8. This corporation has liabilit Florida Statutes			
		dress of Current Regis	stered Agent		T	10. Name and Address of Ne	w Registere	d Agent	
	PRNAL, A W, JR	A4:			81 Name				
	Magnolia ave s Ter haven FL 33				82 Street Ac	ddress (P.O. Box Number is Not Acc	eptable)		}
****	ILITERATE OF	OOE			83		_ 		
					-			. 85 Zip (Code
					184 City				
			202 (500 F)		84 City	·····	F		1
11. Pursuant office or r	to the provisions of S registered agent, or b	ections 607.0502 and 6 ooth, in the State of Flori	607.1508, Florida Statu da, Such chang	tes, the a	1 1 1	orporation submits this statement for ration's board of directors. I hereby			1
	to the provisions of S registered agent, or b am familiar and a	Sections 607 0502 and 6 both, in the State of Flori accept the obligations o	607.1508, Florida Statu da. Such chang das if, Socion 60.0805, Fl	tes, the a authorize orida Sta	1 1 1	orporation submits this statement for ration's board of directors. I hereby a			1
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SIGNATURE 12. THE NAME	Signation types or present of PDS THORNAL, A.W.,	name of registered agest and till OFFICE BS AND DIRE.	e il applicable (No: CTORS	13. 1.1 I	bove-named cod by the corpor tytes. In the signature re-	quired when reinstating)	the purpose accept the a	of changing it ppointment as ND DIRECTOR	s registered registered
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14. I do hereby certily 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 is 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.

FILED

Apr 07 1997 8:00am