SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 392230

(9)

FILED Jul 08 1998 8:00am Secretary of State

500,112	oo oenv	ICE CENTER, IN	.								
Principal Pla	ce of Busines	is	Mailing Address							 	
133 NORTH 4TH STREET 133 NORTH 4TH STREET											
FORT PIERCE FL 34950 FORT PIERCE FL 34950								DO NOT WRITI	F IN THIS !	SPACE	
								3. Date Incorporated or Qualified		J. AOL	
								11/19/1971			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	• • • • • • • • • • • • • • • • • • • •	Applied For		
21			26				59-1368371		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	П	\$8.75 Additional		
City & State			City & State						Fee Required		
23			City & State				6. Election Campaign Financing		\$5.00 May Be		
Zip		Country	Zip	Cr	ountry			Trust Fund Contribution	 4	Added to Fees	
24	,	25	29	30	JUIII 9			This corporation owes or has par Personal Property Tax due June	a the curre	nt year intangible	
	9. Name	and Address of Curr	ent Registered Agent		<u>_</u>		1	0. Name and Address of New Re			
WIL	LIAMS, SHE	1			81	Name					
133 NORTH 4TH STREET							Address	ss (P.O. Box Number is Not Acceptable)			
FOF	rt pierce i	FL 34950			82	00017		(1.0. Ook Humber is Not Acceptable	0)		
					83					-	
					84	City				85 Zip Code	
44 -									<u> </u>		
11. Pursuan office or	nt to th e p rovis regist ere d ac	sions of sections 607.05 sent, or both, in the Sta	502 and 607.1508, Florida ite of Florida. Such chanc	Statutes, the a	bove-	named co	orporation	n submits this statement for the purp board of directors. I hereby accept	ose of chai	nging its registered	
agent. I	am familiar w	ith, and accept the obl	igations of, section 607.0	505, Florida St	atutes	i.	, audit a	board of directors. Thereby accept	лю арролц	ment as registered	
SIGNATURE											
OIOIO TO CITE											
		or printed name of registered a				gent signature	e required w	when reinstating)	DATE CERS AND	DIPECTORS IN 12	
12.			AND DIRECTORS	13		gent signature	e required w	when reinstating) ADDITIONS/CHANGES TO OFFI			
12.	Signature, typed	OFFICERS A		13 ETE 1.1	3.	gent signature	e required w			DIRECTORS IN 12 Change Addition	
12. TITLE	PD WILLIAMS	OFFICERS A	AND DIRECTORS	13 ETE 1.11 1,21	B. TITLE NAME	gent signature	e required w				
12. TITLE NAME	PD WILLIAMS 133 N. 41 FORT PIE	OFFICERS / S,SHELL TH STREET	AND DIRECTORS	ETE 1.17 1.28 1.35	B. TITLE NAME	ADDRESS	e required w				
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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 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.

CICNIATURE.

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07/01/93

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