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**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

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Jul 1:	5 1998	8:00am
Sec	retary	of State

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P O BOX 1761 LAKELAND FL 33902			P O BOX 1761 LAKELAND FL 33802			DO NOT WRITE IN	I THIS SPA	VCE		
								3. Date Incorporated or Qualified		
								04/20/1972		
2. Principal F	Place of Busin	ness	<u> </u>	iling Address				4, FEI Number 59~1420911		Applied For Not Applicable
Sulte, Apt.	# etc.		26 Sui	te, Apt. #, etc.				59-1420911	¬	8.75 Additional
22		27	·····			5. Certificate of Status Desired		Fee Required		
City & Sta	le			y & State				6. Election Campaign Financing		5.00 May Be
23			28					Trust Fund Contribution L		Added to Fees
Zip	ĺ	Country	Zip			untry		8. This corporation owes or has paid to		
24	9 Name	and Address of Cur	29	d Anent	30	_		Personal Property Tax due June 30 10. Name and Address of New Regis		
WEI	CH, JAMES		Tront Ivegisters	O Agoilt		81	Name	10. Hairie and Address of How Keyls	IOTOU MEN	
	6 KIMBALL									
	ELAND FL					82	Street Add	dress (P.O. Box Number is Not Acceptable)		
						83			 ,	
						84	City		85	Zip Code
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office or	regist ere d ag	gent, or both, in the Si	ubuz and 607.15 tate of Florida. S	508, Florida Statu Such change was	ites, the at authorize	ove- d by	named corporat	tion's board of directors. I hereby accept the	appointme	nt as registered
office or agent. I	regist ere d aç am fa mil iar w	gent, or both, in the Si with, and accept the ol	ubuz and 607.15 tate of Florida. S bligations of, sec	508, Florida Statu Such change was ction 607.0505, F	ites, the ab authorize Florida Sta	oove- d by tutes	named corporat the corporat	oration submits this statement for the purpos tion's board of directors. I hereby accept the	appointme	nt as registered
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		or printed name of registered		icable (I					ATE	
SIGNATURE		or printed name of registered	agent and title if appli	icable (I	NOTE: Registe	ered Ag		quired when rainstalling)	RS AND D	
SIGNATURE	PD WELCH,J	or printed name of registered OFFICERS	agent and title if appli	icable (NOTE: Registe	ered Ag		quired when rainstalling)	RS AND D	RECTORS IN 12
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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.