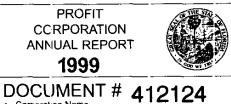
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CCRPORATION ANNUAL REPORT

1999

LABARTINI AODEO INO

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90165 005 ***150.00

LAWATI	IN ACRES, INC								
Principal Plac	e of Business	Mailing Address					#1#11 #1#11 #1#11	Millis Mimis soms	
905 S W 4TH AVE OKEECHOBEE FL 34974		821 SOUTH BLVD TAMPA FL 33606-2904							
		US				DO NOT WRITE IN TH	S SPACE		٦
						3. Date tr corporated or Qualifed 11/03/1972			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	A	pplied For	1
21		26				59-1574740	N	ot Applicable]
Suite, Abt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional	
22		27				3.		lec uired	-
City & State		City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		tc Fees	-
Zip	Cour try	Zip	Cour	ıtry		This corporation owes the current year Persor al Property Tax.	ntangible ☐ Yes	⊠ (No	
24	9. Name and Address of Curren	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30			10. Name and Address of New Registers			-
	g, realite and Address of Conten	ii registereo Agent		81 Nam	 ne	10.		·	1
WILS	SON, BOBBIE L					2000			4
910 SW 3RD AVE			ļ	82 Stre	et Addre	ess (P.O. Bo) Number is Not Acceptable)			1
OKE	ECHOBEE FL 34974		f	83					1
							os 7in		4
				84 City		F	L 85 Zip	Code	1
office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and a coept the obligation	of Florida. Such change was a	uthorized	by the co	ed corpo rpor ation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it pintment as r	s ∵egistered eç istered	
SIGNATURE	Signature, typed or printed or me of registered age.	n and title if applicable. (NOT	: Registered /	gent signatu	ne required	when reinstating DATE			ءَ ا
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			1,00
TITLE	TD	☐ DELETE	1.1 TITE				☐ Change	Addition	5
NAME	LAMARTIN, WILMA		1.2 NA						3
STREET ADDR :SS				EET ADDRE	SS				L L
CITY-ST-ZIP	OKEECHOBEE FL.	DELETE		Y-ST-ZIP	-+		☐ Change	Addition	16
TITLE	PD	C) DECEIG	2.1 TITI						
NAME	LAMARTIN, WILLIAM F 821 SOUTH BOULEVARD		2.2 NA/	REET ADDRE	ee				
STREET ADDRESS	TAMPA FL			Y-ST-ZIP	22				
CITY-ST-ZIP TITLE	VSD	☐ DELETE	3.1 TIT		 		☐ Change	Addition	1
NAME	WILSON, BOBBIE L.		32 NA		1				1
STREET ADDRESS	ALA ALM ADD AND			REET ADDRE	ss				
CITY-ST-ZIP	OKEECHOBEE FL			Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TiTl		\top		Change	Addition	1
NAME			4 2 NA	ME					
STREET ADDRESS			4.3 STF	REET ADDRE	ss				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	_ _				1
TITLE		☐ DELETE	5 1 TITI				☐ Change	Addition	
NAME			5.2 NA						1
STREET ADDF ESS				REET ADDRE	SS				
CITY-ST-ZIP				Y-ST-ZIP					4
TITLE		☐ DELETE	6.1 TITE				☐ Change	☐ Addition	
NAME			6.2 NAJ						
STREET ADDITESS				REET ADDRE	55				1
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	- 1				_1

14. Here by 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 office 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 change d, or on an attachment with an address, with all other like empowere.