## 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

DOCUMENT #

561846

(7)

LAKELAND SLEEP CENTER, INC.

**FILED** May 05 1998 8:00am Secretary of State



Principal Plac	e of Busines	s	Mailing <i>i</i>	Address				i innime millin milbe einne einte	AFATA BILL ATA	II BIBII DI	ari Pinti	B1011 11		
1052 E MEMORIAL BLVD LAKELAND FL 33801				1052 E MEMORIAL BLVD LAKELAND FL 33801										
		- 11	Children is work				DO NOT WRITE IN THIS SPACE						_	
								<ol> <li>Date Incorporated or Qu 03/13/1978</li> </ol>	alified					
2. Principal P	lace of Busin	2a. Mailii	2a. Mailing Address				4. FEI Number		Applied For			7		
21		26	26				59-2088562				Not i	Applicable	7	
Suite, Apt.	#, etc.	Suito	Suito, Apt. #, etc. 27			5. Certificate of Status Desi	ed [	]		5 Ad Req	ditional uired			
City & State 23	θ	·	Cily & State				Election Campaign Finar     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees					
Zip Country			Zip	<u> </u>				8. This corporation owes or has paid the current year Intangible						1
24		25	29	29 30				Personal Property Tax do	•	_	Yes		~	
	g. Name	and Address of Cur	rent Registered	Agent				10. Name and Address of f	ew Regist	ered A	gent			
CA	SSEL, KEN					81	Name							
105	2 E MEMO				82	Street	dress (P.O. Box Number is Not Acceptable)						1	
LAKELAND, FL 33801						83					<del>*</del>	_	<del></del> -	
						64	City		**	FL	<b>85</b> Z	Zip Co	ode	1
office or r	enistered ac	ions of Sections 607.0 gent, or both, in the St ith, and accept the ob	ate of Florida. Su	ch change was :	aulhorize	d by	the corr	corporation submits this statement f poration's board of directors. I hereb	or the purp accept th	ose of c e appoi	hangin intment	ig its i as re	registered gistered	1
SIGNATURE														
	Signature, typed	or printed name of registered			£ Registere	d Age	nt signature	required when reinstating)	C	ATE				٦٢
12.		OFFICERS /	AND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICER					3
TITLE	PD	1/21		DELETE	1.1 T/					L	Chang	ge (	Addition	E
NAME	CASSEL			1.2 N										3
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NAME					5.2 N/	ME								
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TITLE				DELETE	6.1 TI	ΓLE					Chang	ge 7	Addition	
NAME					6.2 NA	ME	İ							
STREET ADDRESS					6.3 S1	REET	address							
CITY-ST-ZIP					6.4 CI	TY-SI	r-ZIP		<del> </del>			<del></del>		1

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 suppliemental 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.

SIGNATURE:

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Kenlassel

KEN CASSEL, PRESIDENT 4/28/98

941-688-3768