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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 586573

(8)

FILED May 06 1997 8:00am Secretary of State

Corporation	on Name :Al TV IN∩			and the second			美 也		3.	
A-D- DC	ML11, INC	•	•			•	1 100 101 0 101 101 101 101 001 001 001	21211 2131		
Principal Plac	ce of Business		Mailing Address							
2510 SO FLORIDA AVE			2510 SO FLORIDA AVE							
LAKELAND FL			LAKELAND FL 33803-385	9						
							3. Date Incorporated or Qualified	3a. (Date of Last R	leport
							09/15/1978	04	/30/1996	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-1851762			ot Applicable
22			27				5. Certificate of Status Desired		\$0.73 A	Additional equired
City & State			City & State			······································	6. Election Campaign Financing		\$5.00	<u> </u>
23			28				Trust Fund Contribution		Added t	
Zip	}	Country	Zip	Count	ry		8. This corporation has liability for in	ntangib!		. 199.032,
24		25 and Address of Current	Registered Agent	30			Florida Statutes 10. Name and Address of New Reg		□ No	
Name and Address of Current Registered Agent HERNANDEZ, ANDRES						9	TO. Name and Address of New Reg	Jisterec	J Agent	
		ـ ا	•							
2510 S FLA AVE LAKELAND, FL				8	2 Street	t Addre	ss (P.O. Box Number is Not Acceptab	le)		
33803				8	3					
					4 City			Fl	85 Zip (Code
11. Pursuant	to the provisi	ons of Sections 607.0502	and 607.1508, Florida Stat	utes, the abo	ve-named	d corpo	pration submits this statement for the p			s registered
office or agent. I a	registered ag- am familiar wit	ent, or both, in the State c th, and accept the obligat	f Florida. Such change was ions of, Section 607.0505, f	s authorized i Florida Statul	by the col es.	rporatio	oration submits this statement for the prons board of directors. I hereby accep	t the ap	pointment as	registered
SIGNATURE										
12.	Signature, typed	or printed name of registered agent			gent signatur	re required	d whon reinstating)	DA16.		
TITLE	PTD	OFFICERS AND	DELETE	13. 1110LE		1	ADDITIONS/CHANGES TO OFFIC	ERS AN	ND DIRECTOR Change	RS IN 12
NAME		EZ, ANDRES	E vecti	1.2 NAM					□ change	L.J Addition
STREET ADDRESS		LINGSWORTH OAKS			et address					
CITY-ST-ZIP	LAKELANI	D, FL 00000		1.4 City	-					
TITLE	SD		DELETE	2 1 1110					Change	Addition
NAME		VILLIAM A JR		2.2 NAM	<u>.</u>					
STREET ADDRESS		OLLINGSWORTH DR		2.3 STRE	et address					
CITY-ST-ZIP	LAKELANI), FL 00000		2. 4 CITY		-				
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME CTOCCT ADDRESS				3.2 NAM						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP TITLE	·		☐ DELETE	3.4. C(TY 4.1 TITLE		 			Change	Addition
NAME				4.2 NAM					Onlings	L_1 rounten
STREET ADDRESS	:			4	ET ADDRESS					
CITY-ST-ZIP	•			4.4 C(1)						
TITLE			☐ DELE1E	5.1 TITLE		 			Change	Addition
NAME				5.2 NAM	<u>:</u>				_ •	
STREET ADDRESS				5.3 \$TRE	ET ADDRESS					
CITY-ST-ZIP				5.4 CITY	ST-ZIP					
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAMI	•					
STREET ADDRESS				6.3 STRE	FT ADDRESS					
CITY-ST-ZIP				6.4 CITY	\$1 - 7I₽	1				į

I do 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.