## 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 DIVISION OF CORPORATIONS

**DOCUMENT # 614229** 

13/

**FILED** May 13 1997 8:00am Secretary of State

Section   Company   Comp	H.D.D. II	ce of Business	Mailing Address 1229 PLACID DRIVE P.O. BOX 426 LAKE PLACID FL 33852	2-6619	3. Date Incorporated or Qualific	ed 3a, Date of Last Roport
Sulfa, Apt. 4, No.   Sulfa, Ap						
Suite Apt #, etc.    Sunc. Apt #, etc.   Sunc. Apt #, etc.   Sunc. Apt #, etc.   Street	<u> </u>					Applied For
City & Siste   27   Country   29   Country   29   Trust Fund Contribution   Added to Fee   29   30   Country   29   30   Count						Not Applicable
City & State 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20					5. Certificate of Status Desired	Fee Required
Zip   Country   Zip   20   30     R. This corporation has inability for intra-gible law under is 1994   Portices.   Post   Pos	City & State		<del> </del>	City & State		
28   29   30   Florida Statutes   76   No   No   No   No   No   No   No   N		Country		Country	·	
PORTER, H.A. 1229 PLACID DRIVE, P.O. BOX 428 LAKE PLACID FL 33852    Bit   Sirred Address of New Registered Agent		<del> </del>	<u> </u>	⊢⊸ ′		
1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submis this statement for the purpose of changing its regindred agent, or both, in the State of Florida Statutes, the above named corporation submis this statement for the purpose of changing its regindred agent, or both, in the State of Florida Statutes, the above named corporation submis this statement for the purpose of changing lis regindred or familiar with, and accept the obligations of, Sections 607 0505, Florida Statutes    11	<u></u>			[30]		
LAKE PLACID FL 33852    Sa	POR	RTER, H.A.		81 Name		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent, term termiliar with, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE			8	82 Street Ad	ddress (P.O. Box Number is Not Acce	ptable)
11. Pursuant to the provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of Changing its regiment of the provisions of Sactions 607 0502 and 607 1508. Florida Statutes  12. To FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  16. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  19. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  15. ADDITIONS/CHANGES	LAK	E PLACID FL 33852		02		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its regin office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent, and marked with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature   Part   Pa				63		
11. Pursuent to the provisions of Sections 607 (502 and 607 1508, Florida Statutes, the above-named corporation submis this statement for the pursose of changing its reginal office or registered apprint, or both, in the State of Florida Stotch change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE				<b>84</b> City		El 85 Zip Code
TITLE	SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable	(NOTE Registered Agent's gnature re	iquired when reinstating)	DATE
NAME   CHILDRESS, D. M   1.2 NAME   1.3 SIREET ADDRESS   CTY-\$T-2P   LAKE JUNE RD   1.3 SIREET ADDRESS   1.4 CITY-\$1-ZIP					ADDITIONS/CHANGES TO O	
13 STREET ADDRESS   122 LAKE JUNE RD						C. Altango C. Montasi
TITLE         DELETE         2.1 TITLE         Change         //           NAME         2.2 NAME         2.2 NAME         //	STREET ADDRESS	722 LAKE JUNE RD		1.3 STREET ADDRESS		
NAME  STREET ADDRESS  CITY-\$T-ZIP  2 4 GITY-\$T-ZIP  TITLE  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  CITY-\$T-ZIP  34 CITY-\$T-ZIP  CHANGE  AMAE  STREET ADDRESS  CITY-\$T-ZIP  DELETE  41 TITLE  NAME  STREET ADDRESS  CITY-\$T-ZIP  DELETE  41 TITLE  A4 GITY-\$T-ZIP  TITLE  DELETE  51 TITLE  DELETE  51 TITLE  S2 NAME  52 NAME  53 STREET ADDRESS  CITY-\$T-ZIP  TITLE  DELETE  51 TITLE  Change	CITY-ST-ZIP	LAKE PLACID, FL 00000	<del></del>	1.4 CITY - \$1 - ZIP		
23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   27 CITTLE		8	☐ DELETE	a i		☐ Change ☐ Addition
CITY - ST - ZIP						
TITLE         DELETE         31 TITLE         Change         4           NAME         32 NAME         32 NAME         32 NAME         4         32 NAME         33 STREET ADDRESS         34 CITY-S1-ZIP         TITLE         1 TITLE         1 TITLE         1 TITLE         1 TITLE         1 TITLE         1 A CITY-S1-ZIP         1 A CITY-S1-ZIP         1 TITLE         1 TITLE         1 TITLE         1 Change         1 A CITY-S1-ZIP         1 Change         1 A CITY-S1-ZIP         1 TITLE         1 Change         1 A CITY-S1-ZIP         1 Change         1 A CITY-S1-ZIP         1 TITLE         1 Change         1 A CITY-S1-ZIP         1 Change         1 A CITY-S1-ZIP         1 TITLE         1 Change         1 A CITY-S1-ZIP         1 Change         1 A CITY-S1-ZIP <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP			DELETE		<u></u>	Change Addition
DELETE	NAME			3.2 NAME		
TITLE         DELETE         4.1 TITLE         Change         4           NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP         Change         4           NAME         5.2 NAME         Change         4           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         4           ITILE         DELETE         6.1 TITLE         Change         4           NAME         62 NAME         62 NAME         63 STREET ADDRESS         64 STREET ADDRESS         65 STREET ADDRESS		}		•		
NAME			DE CETE			Change Addition
### ### ##############################						Fi Anguion
A4 CITY-ST-ZIP						
STREET ADDRESS		<u></u>		4.4 CITY - ST - ZIP		
STREET ADDRESS			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         A           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS						
ITILE         DELETE         6.1 TITLE         Change         4           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS						
NAME 57REET ADDRESS 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS		<u> </u>	DELETE			Change Addition
STREET ADDRESS 63 STREET ADDRESS						— Sivingo — Munitori
				1		
UIT-81-2H	CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 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: