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 # 623154

(2)

Principal Place of Business

Mailing Address

1520 AVE. H. N.E.
WINTER HAVEN FL 33881

MINITER HAVEN FL 33881-4355

FILED Jun 26 1997 8:00am Secretary of State



WINTER HAVEN		WINTER HAVEN FL 33881-4	WINTER HAVEN FL 33881-4355				
					3. Date incorporated or Qualified 3a. Date of Last Report 11/07/1996		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ар	plied For
21		26	26		59-1946603	No	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		Additional
22		27	27		5. Certificate of Status Desired Fee Required		
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	☐ Added t	
ZIP	Country	Zip	Country	/	8. This corporation has liability for i	ntangible tax under s	199.032,
24	25	29	30		Florida Statutes	Yes 🔼 No	
	9. Name and Address o	f Current Registered Agent			10. Name and Address of New Re	pistered Agent	
ORB	ICK, GORDON		81	Name			
	AVE H NE		82	Piront Add	Irona (B.O. Bay Number is Net Accordab	lo\	
	TER HAVEN FL 33881		62	Silder Add	Street Address (P.O. Box Number is Not Acceptable)		
77(17)	IEN HATER LE GOOD		83				
			84	City		FL 85 Zip (Code
dd D	4- Madiseas of Continue	POZ DEGO and COZ 1609 Elorida Clabut	oo the abou	o pomod cor	recration submits this statement for the p		e registered
office or	to the provisions of Sections registered agent, or both, in t	the State of Florida. Such change was a	as, me abov authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	t the appointment as	registered
agent. I a	am familiar with, and accept t	he obligations of, Section 607.0505, Flo	orida Statute	8.			
SIGNATURE							
	Signature, typed or printed name of reg			ent signature requ	ired when reinstating)	DATE	0.01.10
12.		ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change	S IN 12 Addition
TITLE	DS	☐ DELETE	1.1 DILE			L_J Unange	Modition
NAME	ORRICK, BARBARA		1.2 NAME				
STREET ADDRESS	1520 AVE H, NE		1.3 STREE	ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE	ST DELETE		2.1 3/ILE			Change	Addition
NAME	ORRICK, GORDON		2.2 NAME				
STREET ADDRESS	1520 AVE H, NE		2.3 STREE	ADDRESS			
CITY - ST - ZIP	WINTER HAVEN FL 338	81	2 4 CITY-	ST-ZIP			
TITLE	DELETE		3.1 1ITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			1	LADDRESS			
			3.4. CITY-				
CITY-ST-ZIP TITLE		DELETE	4.1 11TLF	D1 - ZU		☐ Change	Addition
NAME	i	Barret - Color Va	4. 2 NAME				•
	{			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	 	DELETE	4.4 CITY - 5.1 TITLE	51-ZIP		Change	Addition
TITLE		Last Detell				□ Outside	/ Addition
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-7IP			1 1 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	-		6.2 NAME				
STREET ADDRESS			6.3 STREE	FADDRESS			
0.17 07 70			SA CITY	015 710			

14. 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 eath; 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.

M. STENIA DE COLORADAN DRRICK 6-28-97-941-998-1301