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 # 673282

(0)

FILED
Apr 14 1997 8:00am
Secretary of State

Principal Place of Business 3135 Highway 92 EAST C/O NELSON J. ETGEN LAKELAND FL 33801 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 22					3. Date Incorporated or Qualified 06/12/1980 4. FEI Number Applied For Not Applicable 59-2092610 58.75 Additional Fee Required Fee Required				
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Zip	Country 25	28 Zip 29	30	intry		8. This corporation has liability for Florida Statutes	intangible Yes	tax under s No	
ETGI	 Name and Address of Currer EN, NELSON J. 	it Registered Agent	~ 	81	Name	10. Name and Address of New Re	gistered A	igent	
3135 HIGHWAY 92 EAST LAKELAND FL 33801				82 83 84		Address (P.O. Box Number is Not Acceptable)			
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorize orida Sta	d by tutes	the corporati	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of	changing it pintment as	is registered registered
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THILE NAME STREET ADORESS OUTVIST - ZIP	PD ETGEN, NELSON J 1709 PELCIAN COVE RD SARASOTA, FL 00000	☐ DELETE		AME	ADDRESS			☐ Change	Addition
THLE NAME STREET ADDRESS		L] DELETE	21 TI 22 N 2.3 S	itle Ame Treet	ADORESS			Change	Addition
TITLE NAME STREET ADDRESS COV. CL. 7-6		DELETE	3.1 T 3 2 N 3.3 S	AME	ADDRESS		- 14- 1 ₀	Change	Addition
CHY-SI-Z# THUE NAME SIBLET ADDRESS		DELETE	4.1 T 4 2 P 4.3 S	ITLE NAME TREET	ADDRESS			Change	Addition
City - ST - ZIP TITLE NAME STREET ADDRESS		DELETE	5.1 T 5.2 N 5.3 S	iame Treet	ADDRESS			Change	Addition
CHY ST-70: THUE NAME STREET ADDRESS		☐ DELETE	61 T 62 N 6.3 S	IAME TREET	ADDRESS			☐ Change	Addition
C/TY-S1-7/P 14. I do here!	by certify that the information supplie	d with this filing does not qual		TY-S exe		in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the

ral 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 orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name named named named an attachment with an address. information indicated on this Lam an officer or director of appears in Block 12 or Birsc