NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Fillicipal Flace of bus
306 MAGNOLIA WAY LADY LAKE FL 32159
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FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90050 008 ****61.25

 Corporation 	MENT # 709812 N PUBLIC SCHOOL BUS DR		I	DEDADTMENT DE STATE	
Principal Place	e of Business	Mailing Address	<u></u>		
306 MAGNOLIA LADY LAKE FL US	N WAY	306 MAGNOLIA WAY LADY LAKE FL 32159 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed 10/26/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For	-
2		27		50-1717939 Not Applica	ble
City & Stat	le .	City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required	4
3		28	Country		
Žip .∃	Country	Zip 29	30	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
4	9. Name and Address of Current		301	10. Name and Address of New Registered Agent	•
23 TARPO KEY LARG	GO FL 33037	2 and 617 1508, Florida Statute	83 84 City (JEWBUL H. MOBUEY ddress (P.O. Box Number is Not Acceptable) 8460 SE 132 LANE DULLER FLELD FL 85 Zip Code 34491 orporation submits this statement for the purpose of changing its registere	ed
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida Such change was au ion of Section 617.0503, Flori	thorized by the corporida Statutes.	orporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	
	egistered agent, or both, in the State of m familian with, and accept the obligat	Mohly	ithorized by the corpor ida Statutes. Registered Agent signature rec	juired when reinstating) DATE	
SIGNATURE	Signature, pped or printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	Registered Agent signature rec	ulired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2
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14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

352 245 2698