FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am § Secretary of State

05-01-1999 90050 030 ****61.25

City & State City & State	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees istered Agent Stip Code Stip Code Stip Code
1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Fell Num	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Istered Agent Sign Code Pose of changing its registered
1449 34 STREET NORTH WEST WINTER HAVEN FL 33881-8903 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Fell Number 2d. Suite, Apt. #, etc. 2d. Fell Number 2d. Fell Num	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees istered Agent The Registered Agent Story Code The Registered Agent Story Code The Registered Agent Story Code The Registered Agent
2. Principal Place of Business 2a. Mailing Address 25	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees istered Agent Sign Code
2. Principal Place of Business 2a. Mailing Address 25	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees istered Agent Sign Code
26 U4/22/1966 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-6046582 City & State City & State 5. Certificate of Status Desired 58.7 Zip Country Zip Country 6. Election Campaign Financing 7.55 Add 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 84 City FL 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees stered Agent Stered Agent Stered A
26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Zip Country Zip Country Zip Country Solution Country Solu	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees stered Agent Stered Agent Stered A
26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Zip Country Zip Country Zip Country Solution Country Solu	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees stered Agent Stered Agent Stered A
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Ap	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees stered Agent Stered Agent Stered A
City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Solution Compaign Financing Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees istered Agent Stip Code Stip Code Stip Code Stip Code
City & State City & State	\$5.00 May Be Added to Fees istered Agent State
Zip Country Zip Country 30 Election Campaign Financing S5. 24 25 29 30 Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 81 Vame 82 Street Address (P.O. Box Number is Not Acceptable) 83 WINTER HAVEN FL 33881 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	\$5.00 May Be Added to Fees sistered Agent Zip Code
25 29 30 Trust Fund Contribution Add 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	Added to Fees istered Agent State
9. Name and Address of Current Registered Agent 81 Name SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	FL 85 Zip Code
SCHALLER, MARK 702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	FL 85 Zip Code
702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	FL 85 Zip Code
702 HEMENWAY DRIVE NE WINTER HAVEN FL 33881 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	FL 85 Zip Code
WINTER HAVEN FL 33881 84 City FL 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	nose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	pose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	nose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 a agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	pose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	e appointment as registered
PICHATURE CONTROL OF THE PICHARD	
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TOPLETE 11 THE D	Change
I I I I I I I I I I I I I I I I I I I	iai
STREET ANDRESS 221 LAKE TOWNS	
CITY-ST-ZIP AUBURNDALE FL 33823 14CITY-ST-ZIP WINTER HAVEN FL 33880	
TIME D DELETE 21TIME D	Change Addition
NAME DAVID HOLMES 22 NAME JAEHNIGEN, ROLF	
STREET ADDRESS 221 LAKE HOWARD DR SW CITY-ST-ZIP WINTER HAVEN FL 33880 2.4 CITY-ST-ZIP WINTER HAVEN FL	
C DELETE.	,
TITLE T DELETE 3.1 TITLE	Change Addition
	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME	☐ Change ☐ Addition
NAME SCHALLER, MARK STREET ADDRESS 702 HEMENWAY DRIVE NE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME STREET ADDRESS 702 HEMENWAY DRIVE NE 3.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 34. CITY-ST-ZIP	Change Addition
NAME SCHALLER, MARK 32 NAME STREET ADDRESS 702 HEMENWAY DRIVE NE 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 34 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE	
NAME SCHALLER, MARK 32 NAME STREET ADDRESS 702 HEMENWAY DRIVE NE 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 34. CITY-ST-ZIP TITILE D DELETE 4.1 TITLE NAME KUEHNE, RICHARD C. 4.2 NAME	
NAME SCHALLER, MARK 32 NAME STREET ADDRESS 702 HEMENWAY DRIVE NE 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 34. CITY-ST-ZIP TITLE D □ DELETE 4.1 TITLE NAME KUEHNE, RICHARD C. 4.2 NAME STREET ADDRESS 3189 AVE. M, N.W. 43 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME STREET ADDRESS 702 HEMENWAY DRIVE NE 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 34. CITY-ST-ZIP TITLE D DELETE 4.1 ITILE NAME KUEHNE, RICHARD C. 4.2 NAME STREET ADDRESS 3189 AVE. M, N.W. 43 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 44 CITY-ST-ZIP TITLE S DELETE 5.1 TITLE	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 0	☐ Change ☐ Addition
NAME SCHALLER, MARK STREET ADDRESS CITY-ST-ZIP TITLE D DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE S NAME REAM, DARRIN STREET ADDRESS	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE L2 NAME L4 CITY-ST-ZIP WINTER HAVEN FL DELETE L4 CITY-ST-ZIP WINTER HAVEN FL DELETE L4 CITY-ST-ZIP Chamber L4 CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE 4.1 TITLE Cha Cha CITY-ST-ZIP WINTER HAVEN FL Cha CITY-ST-ZIP WINTER HAVEN FL Cha CITY-ST-ZIP Cha CITY-ST-Z	☐ Change ☐ Addition
NAME SCHALLER, MARK 32 NAME 33 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE L2 NAME L4 CITY-ST-ZIP WINTER HAVEN FL DELETE L4 CITY-ST-ZIP WINTER HAVEN FL DELETE L4 CITY-ST-ZIP Chamber L4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR