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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

F49184 DOCUMENT #

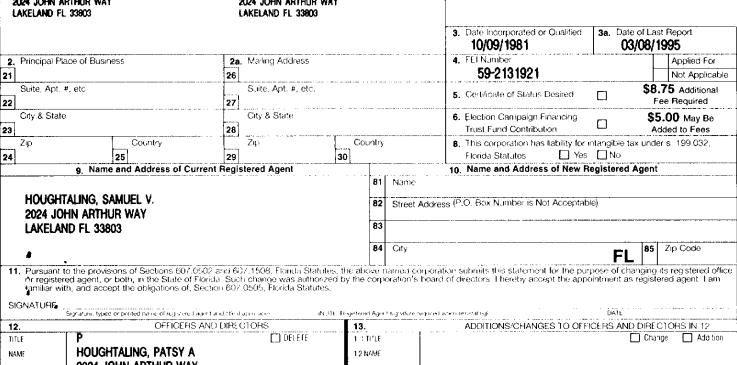
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Principal Place of Business

Mailing Address

2024 JOHN ARTHUR WAY LAKELAND FL 33803

2024 JOHN ARTHUR WAY



12. TITLE NAME 2024 JOHN ARTHUR WAY 1.3 STREE! ADDRESS STREET ADDRESS LAKELAND, FL 00000 14 CHTY+ST ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 2 1 TITLE HOUGHTALING, PATSY A 2.2 NAME NAME 2024 JOHN ARTHUR WAY 2.3 STREET ADDRESS STREET ADDRESS LAKELAND, FL 00000 CHTY-ST-ZIP 2.4 CI1Y - \$1 - ZIP TITLE DELETE 3 1 THILE Change Addition HOUGHTALING, SAMUEL V 3.2 NAME NAME 2024 JOHN ARTHUR WAY 3.3 STREET ADDRESS STREET ADORESS LAKELAND, FL 00000 CITY-ST-ZIP 3 4 CHTY - \$1 - 20F DELETE Addition 4 1 THLE TITLE 8000017992**55**5 HOUGHTALING, STEWART A 4.2 NAME NAME -04/29/96--01078--039 2024 JOHN ARTHUR WAY 4 3 STREET ADDRESS STREET ADDRESS \*\*\*200.00 LAKELAND, FL 00000 CITY-ST-ZIF 4.4 CHY-\$1-28 DELETE Addition 5 1 TITLE TITLE 5.2 NAM= NAME: STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 7IF CITY-ST-ZIP DELETE 6.1 THE TIFLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida State 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 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME

CR2E034