## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 16 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F51851

(6)

	BRYAN	T & COMPANY, CPA'S, P.A	<i>l.</i>				a likkirikk dilis kirik iniks likki kirik kirik dilik dilik dilik kirik kirik dilik dilik dilik dilik dilik di	
Pr	rincipal Piac	e of Business	Mailing Address				n istinon ninn niitai niaan 1910: Oliai albi; Oliai Albi) Hidii Albii Albii Albii Albii	
114 N TENNESSEE AVE. STE 202					E 202			
P O BOX 508 LAKELAND FL 33802-7508			P O BOX 508 LAKELAND FL 33802-7508				DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualified	
							10/30/1981	
<u> </u>	Principal P	lace of Business	2a. Mailing Address				4, FEI Number Applied For	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			<del> </del>	59-2131230 Not Applicable	
22			27				5. Certificate of Status Desired Fee Required	
	City & State	City & State	State			6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees	
Ь	Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible	
24		25 29 30 g. Name and Address of Current Registered Agent		[30]			Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent	
<b> </b>	DD)	<del></del>	it riogiatored Agent		81	Name	10. Haine and Address of New Registered Agent	
BRYANT, THOMAS J, CPA 114 N TENNESSEE AVE., STE 202					20	<b>^</b>		
LAKELAND FL 33801					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
					63			
			84 City		City	FL 85 Zip Code		
	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SI	GNATURE							
Signature, type			d or printed name of registered agent and title if applicable (NOT OFFICE'RS AND DIRECTORS		Registered Agent signature require			
TIT		DP OF FIGURE AND	DELETE	13. 1.1 TO	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NA	ME .	BRYANT, THOMAS J		1.2 NAME		تا	unn Preiner	
STREET ADDRESS		114 N TENN AVE, STE 202			1.3 STREET ADDRESS		id N term Ave. See 202	
CITY-ST-ZIP		LAKELAND, FL 00000		1.4 CI	1.4 CITY-ST-ZIP		akeland, Fi 33801	
1	1		☐ DELETE	2.1 717	ILE		Change Addition	
l	1			2.2 NA	ME			
1				9	REET AC	1	28 - 1 · 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
1					3.2 NAME		El charge El Addition	
i	REET ADDRESS				3.3 STREET ADDRESS			
СП	Y-ST-ZIP			3.4. CITY+ST-ZIP				
TITL	LE .				4.1 TITLE		Change Addition	
NA	ME			4. 2 N/	AME			
STREET ADDRESS				.,,,	REE1 AD			
CITY-ST-ZIP TITLE			T Direct	4.4 CITY-ST		ZIP		
			DELETE	5.1 TIT			Change Addition	
NAME Street Address				5.2 NA		,,,,,,,,,		
) DIK	EEL WANKESS			53 ST	reet ad	IURESS		

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

The exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

61 TITLE

6.2 NAME

DELETE

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accommodate or director of the corporation or the receiver or Justee empowered to block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME