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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOADDODASSE (8)

	ERBECK ENTERPRISES IN	IC.	Mailing Address									
3525 EWELL ROAD 3525 EWELL ROAD												
LAKELAND F	FL 33811	L	LAKELAND FL 33811			DO NOT WRITE IN THIS SPACE						
}							3. Date Incorporated or Qualified					
]							08/24/1994					
2. Principal	Place of Business	2a	2a. Mailing Address				4. FEI Number			App	lied For	
21		26	26				54-1450899		. [Not	Applicable	
Suite, Apt	l. #, etc.	27				5. Certificate of Status Desired			75 Ac ee Req	ditional ulred		
City & State			City & State			Election Campaign Financing Trust Fund Contribution			.00 M			
Zip 24	Country 25	Iry Zip Country 29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No					
	g. Name and Address of Curt	rent Regii	stered Agent				10. Name and Address of New Reg	istered /	Agent			
WASSERBECK, HAROLD L 3525 EWELL ROAD LAKELAND FL 33811				[81 82	Street Address (P.O. Box Number is Not Acceptable)						
				ľ	83							
				1	84	City		FL	85	Zip Co		
			507.1508, Florida Statui ida. Such change was of, Section 607.0505, Fl	tes, the ab authorized lorida Stati	by utes	-named corp the corporat	poration submits this statement for the pution's board of directors. I hereby accept			ging its ent as re	registered egistered	
SIGNATURE	Signature, typed or printed pame of registered	ageni and little	if applicable (NOT	TE: Registered	Aper	nt signature require	red when reinstating)	/4 Kg				
12. OFFICERS AND DIRECTORS 13.						3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	V				I.1 TITLE				Ch		Addition	
NAME	WASSERBECK, HARRIET E	SERBECK, HARRIET E		1.2 NA	1.2 NAME							
STREET ADDRESS				1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	LAKELAND FL			1.4 CIT		1						
TITLE	P		DELETE	2.1 TIT					☐ Ch	ange	Addition	
NAMÉ	WASSERBECK, HAROLD L			2.2 NAI	ME							
				2.3 ST	2.3 STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL			2.400	ry-s	T-2IP						

DELETE

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CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE 4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City - ST - ZIP

3.4. CITY-ST-ZIP

TITLE NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY ST-ZIP

Change

Change

Change

Change

FILED

Jan 16 1998 8:00am

Secretary of State

Addition

Addition

Addition

Addition