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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G11332

(5)

DAVID K LUNDRERG PA

DATID	W LONDDLING, I VA						
Principal Place of Business		Mailing Address			T INDIALIA DOBE HACON HACON 18850 HALLO HACA	BIBA BIBIL BIBIL DIDI (JEDUL BUREL HOLD
200 SWEETWA LONGWOOD F			200 SWEETWATER BLVD SO LONGWOOD FL 32779-3418				
					3. Date Incorporated or Qualified 12/02/1982	3a. Date of Las 02/22/199	•
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2248466		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc	27		5. Certificate of Status Desired	Fee	5 Additional Required
City & State		├─ ┐ '	City & State		6. Election Campaign Financing		00 May Be
Zip	Country	28 Z _(P)	Count	rv	Trust Fund Contribution		ed to Fees
24	դ ՝ իտալ ՝ իտ		30		This corporation has liability for intangible tax under s. 199 032, Florida Statutes		
		Current Registered Agent	1301		10. Name and Address of New Reg	·	
LUN	IDBERG, DAVID K		6	1 Name			
200	SWEETWATER BLVD SO		8	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
LUN	IGWOOD FL 32779		8	3			
			8	4 City		FL 85 2	Zip Code
11. Pursuarit office or r agent. La	to the provisions of Sections 6 registered agent, or both, in the minimum familiar with, and accept the	07 0502 and 607 1508, Florida S e State of Florida Such change v e obligations of, Section 607 050	tatutes, the aboves authorized I	ve-named corpora	rporation submits this statement for the putation's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered
SIGNATURE		-					
	Signature, typed or printed name of regis			geni signature requ	ulred when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS PST DELETE		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	PST Lundberg, David K	L DECEIE				L. Chan	ge L Addition
STREET ADORESS	200 SWEETWATER BLVD	1 60	1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-2IF	LONGWOOD FL	, 50					
TITLE	LONGITOODTL	☐ DELETE	1.4 CITY 2.1 TITLE			Chang	ge Addition
NAME			2.2 NAMI	i i		CHAIN CHAIN	Jo Addition
STREET ADORESS			2.3 STREET ADDRESS				
Ct1Y-ST-ZIP			2. 4 CITY	· ·			
TITLE	***************************************	DELETE				Chang	ge Addition
NAME			3.2 NAMI			'	
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	- \$T - Z IP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chanç	ge Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	T ADDRESS			
City-SI-ZiP			4.4 CITY	ST-ZIP			
TITLE	DELETE		5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY - S1 - ZIP			5.4 CITY-				
TITLE	DELETE			l l		Chang	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	T ADDRESS			
City-St-ZiP			6.4 CITY	ST-ZIP			

SIGNATURE:

I do 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 changed on an attachment with an address.