			205 00		
PRO CORPO ANNUAL	OFIT SET	FLORIDA DEPARTMEN Sandra B Mor Secretary of S	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUME 1. Corporation Nac	NT # H7039	0 (0)			
Principal Place of Business #8 LANTANA DRIVE 8 LANTANA DRIVE INDIAN LAKE ESTATES FL 33855 Mailing Address P.O. BOX 7687 #8 LANTANA INDIAN LAKE ESTATES FL 3			NA 33855	3. Date incorporated or Qualified	3a. Date o' Last Report
US				08/08/1985	07/14/1995
2. Principal Place	of Rusiness	2a. Mailing Address		4. FEI Number 59-2581824	Applied For Not Applicable
21 Suite, Apt #, 6		Suite, Apr. #, etc		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	This corporation has liability for	intangible tax under s 199.032, s □ No
t 	25 9. Name and Address of Current	29 30	<u> </u>	10. Name and Address of New I	Registered Agent
8 LANTA INDIAN	n, Eugene W. Na drive Lake estates fl 33854		83 84 City	iess (P.O. Box Number is Not Accepta	FL 85 Zip Code
or registered familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Sect	on 607.0505, Florida Statutes			urpose of changing its registered office pointment as registered agent. I am
SIGNATURE S	ignature, typed or purited harve of regularies again		specimed Agent signification required.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PD PEARSON, EUGENE W. 8 LANTANA DR	D DELETE	1 1 TILE 12 NAME 13 STREET ADDRESS		Cnange Addition
CHY-ST-ZIP TITLE NAME	INDIAN LK ESTAT FL D PEARSON, EDNA D. 8 LANTANA DR	☐ DETELE	1 4 GHY+ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS C-TY - ST - ZIP TITUE NAME	INDIAN LK ESTAT FL	☐ DELETE	2 4 CHY - ST - ZIP 3 1 THE 3 2 NAME 3 3 SIBERT ADDRESS		Change Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME		DELETE	3 4 STEY STEPF 4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-2IP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TUTLE 5.2 NAME		Change Addition

14. I do hereby certify that the information supplied with this furing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY - \$1 - Z.P

6 1 TILLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

DELETE

4-15:96 941-692-1653

Change

Addition

0483361

CR2E034 (12/95)