FILED Apr 19, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| | 1999 DIVISION OF CORPORATIONS | | | 04-19-1999 90028 039 ***150.00 | | | | |
|--|-------------------------------------|-----------------------|-------------------------|--------------------------------|--------------------------------|---|--------------------------------|--|
| DOCUI 1. Corporation | MENT # J14 | 4389 | | | | | #11 | |
| Principal Place | e of Business | | ing Address | | | | | |
| 2126 E EDGEWOOD DRIVE 2126 E EDGEWOOD DRIVE | | | | | | | | |
| SUITE 2 SUITE 2 LAKELAND FL 33803-0636 LAKELAND FL 33803-0636 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US US | | | | | Date Incorporated or Qualified | | | |
| | | | | | | 05/09/1986 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | MAN M | 4. FEI Number | Applied For | |
| 21 2126 E EDSEWADD DR. 26 2126 E EDSE Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 1000 HC | | Not Applicable 5 Additional | |
| Suite, Apt. | | 27 | TTIV2 | 5 | | I 5 Contifects of Statue Decired I I | Required | |
| City & State | e. : | | City & State | | | | 00 May Be | |
| 23 | ELAND | 28 4 | AKELAND | | | Trust Fund Contribution Add | ed to Fees | |
| ¬ ^{Zip} フゥ | S&03 [25] Country | ← | うしょう よっぱん こうしょう | Cou | 2Ün | 8. This corporation owes the current year Intangible Personal Property Tax. | □No | |
| 24 5 = | 9. Name and Addres | 29 29 | | 50 <u>†</u> | | 10. Name and Address of New Registered Agent | | |
| <u> </u> | o. Name and Addres | or outront registe | | | 81 Name | | | |
| WEINSTEIN, RAOUL | | | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| 2126 E. EDGEWOOD DR. | | | | | 02 Street Ad | diess (F.O. Box Number is Not Acceptable) | | |
| SUITE 2 | | | | | 83 | | | |
| LAK | ELAND FL 33803 | • | | | 84 City | 85 2 | Zip Code | |
| | | • | | | | FL | | |
| 11. Pursuant | to the provisions of Section | ons 607.0502 and 607 | 1508, Florida Statutes | s, the a | bove-named co | rporation submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment a | its registered s registered | |
| agent. I a | m familiar with, and acce | et the obligations of | ection 607.0505, Florid | da Stat | utes. | - 1 15 | 00 | |
| SIGNATURE | | | | | | irad when reinstating) DATE | -44 | |
| 12, | Signature, typed or printed name of | FICERS AND DIREC | ·· <u> </u> | 13. | Agent signature requ | ADDITIONS/CHANGES TO OFFICERS AND DIREC | CTORS IN 12 | |
| TITLE | PD | TIOERO AND BIREO | ☐ DELETE | 1.1 Tf | TLE . | Char | | |
| NAME | WEINSTEIN, RAOUL | L. | | 1.2 N | ME | • | ļ | |
| STREET ADDRESS | 1533 LAGOON RD | | | 1.3 \$ | REET ADDRESS | | { | |
| CITY-ST-ZIP | LAKELAND FL 33803 | 3 | | 1.4 CI | TY-ST-ZIP | <u> </u> | | |
| TITLE | | | ☐ DELETE | 2.1 Τ | TLE . | Char | ige | |
| NAME | • | | | 2.2 N | ME | | ĺ | |
| STREET ADDRESS | , | | | 2.3 \$ | REET ADDRESS | | ļ | |
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| TITLE | ند ديديدر مار | ~ | ☐ DELETE | 3.1 TI | | Char | ige [] Addition | |
| NAME | | | | 3.2 N | | • | | |
| STREET ADDRESS | | | | 1 | REET ADDRESS | | | |
| City-st-zip Title | | | ☐ DELETE | 4.1 TI | TY-ST-ZIP | ☐ Char | nge | |
| NAME , | | | | 4.2 N | 1 | | | |
| STREET ADDRESS | | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | |
| TITLE | | | ☐ DELETE | 5.1 Ti | | ☐ Char | nge 🗌 Addition | |
| NAME | • | | | 5.2 N | AWE . | | | |
| STOCET ADDDESS | | | | 5.3 S | REET ADDRESS | | | |

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; with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition