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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

| ANNUAL REPORT 1997 | | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | | |
|---|--|--|---|---|--|--|---|-------------------------|
| 1. Corporatio | MENT # J2 OF LAKE WALES, I | | (4) | | | | | |
| | | | | | | | | |
| Principal Place of Business LAKE PARK BLYD. P.O. BOX 145 | | | Mailing Address LAKE PARK BLVD. P.O. BOX 145 | | | CIESTING BING HIGH STATE SPING SPING BUILD | i dibit did it arkil dezer bidit a | rified billige |
| LAKE WALES F | EL 33859-0145 | | ALES FL 33859-014 | 5 | | 3. Date Incorporated or Qualified | 3a. Date of Last Re | port |
| 2. Principal P | lace of Business | 2a. Maili 26 | 2a. Mailing Address | | | 07/01/1986 4. FEI Number 59-2777640 | | plied For |
| Suite, Apt. 22 | | Suito 27 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$8.75 A Fee Rec | dditional |
| City & Stati 23 Zip | State | | City & State 28 Zip Country | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | Fees | |
| 24 | 25 | } | | 30 | ······································ | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| WHI | TE, NORMAN | | | 81 | Name | | | |
| 225 E. PARK AVENUE | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptal | ole) | |
| LAKI | E WALES FL 33853 | | | 83 | | | | |
| | | | | | | · | | |
| | | | | 84 | City | | FL 85 Zip C | ode |
| 11. Pursuant office or r agent. La | to the provisions of Secti egistered agent, or both, m familiar with, and acce | ons 607.0502 and 607.15, in the State of Florida. Su ept the obligations of, Sec | 08, Florida Statute ich change was a tion 607.0505, Flo | es, the above uthorized burida Statute | e-named corr y the corpora s. | poration submits this statement for the lition's board of directors. I hereby acce | purpose of changing its pt the appointment as r | registered egistered |
| SIGNATURE | Signature, typed or printed name | of registered agent and tillo if applic | able (NOTE | Registered Ag | ent a gnature requi | ired when reinstating) | DATE | <u></u> |
| 12. | | FICERS AND DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFI | | |
| TILLE | PD DELETE DELETE | | | 1.1 TITLE | | | Change | Addition |
| NAME SUBLET ADDRESS | AND OTOPEO DOAD | | | 1.2 NAME 1.3 STREET ADDRESS | | | | ! |
| CITY - S1 - ZIF | LAKE WALES FL | | | 1.4 CITY-ST-2IP | | | | |
| Tille | TD DELETE | | | 2.1 1(TLE | | | ☐ Change | Addition |
| NAME | MARTIN, GAYLN E. | | | 2.2 NAME | | | | 1 |
| STREET ADDRESS | LAVE WALES EL | | | 2.3 STREET ADDRESS | | | | |
| CHY-S1-ZIP THLE | SD SD | ······································ | DELETE | 2. 4 CITY - 3.1 TITLE | ST-ZIP | | ☐ Change | Addition |
| NAMi | MARTIN, MARIETTA | E. | Car Crack | 32 NAME | | ₹ | <u></u> 0.2.1gv | |
| STREET ADDRESS | LAKE PARK BLVD. | | | 3.3 STREE | T ADDRESS | | | |
| CITY-ST 74P | LAKE WALES FL | 18 | | 3.4. CITY- | ST-ZIP | | ······ | |
| TILLE | | | DELETE | 4.1 TITLE | | | L Change | Addition |
| NAME CTREET MADOLOGIC | | | | 4. 2 NAME | l l | | | 1 |
| STREET ADURESS CITY-ST 20F | | | | 4.3 STREE 4.4 CITY - | ADDRESS ST-7IP | | | |
| 1.11.5 | | -, <u></u> | ☐ DELETE | 51 TITLE | 4-11 | ····· <u>-</u> | Change | Addition |
| NAME | | | | 52 NAME | | | | 1 |
| STREET ADDRESS | | | | 5.3 STREE | ADDRESS | | | ĺ |
| CITY - SI - 7IP | | | DECES | 5.4 CITY- | ST-ZIP | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | L Change | L_] Addition |
| NAME STREET ADORESS | | | | 6.2 NAME | ADDRESS | | | i |
| Section of the second | | | | ■ NºO O INCE | APPRICATE | | | 1 |

14. 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 comporation 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:

FILED

Apr 11 1997 8:00am