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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80254

(2)

FILED Apr 02 1997 8:00am Secretary of State

	C IMAGES OF LAKELAND,	INC.					1444 1484 1484 1444 1444 1484		
3615 CENTURY	BLVD	3615 CENTURY BLVD							
SUITE 3	956(4	Suite 3 Lakeland Fl 33811-1396							
LAKELAND FL 33811 US		US			3. Date Incorporated or Qualified	3a. Date	of Last F	Report	
						06/19/1987	05/21/		· · · · · ·
	Place of Business	28. Mailing Address				4. FEI Number	_1	A	pplied For
21]		26				59-2818051			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 City & State		City & State				6. Election Campaign Financing			equired
23	-	28				Trust Fund Contribution			May Be to Fees
Zip	Country	Zip Country				8. This corporation has liability for	intangible tax		
24	25		30			1	Yos 🔲		·
	9. Name and Address of Currer	nt Registered Agent		Nam		10. Name and Address of New Re	gistered Age	ent	
	rtensen, Kathy 7 Royal oak dr. W.		[,						
	BERRY FL 33860		ļ	Stree	at Addre	ss (P.O. Box Number is Not Acceptab	olo)		
11101	DENTIT TE GOODS		1	33					
			\ -						<u>~ T</u>
			}'	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the abo	ove-name	d corpo	oration submits this statement for the pon's board of directors. I hereby accep	ourpose of ch	anging i	ts registered
agent. 1 a	im familiar with, and account the oblig	ations of Section 607.0505. Flori	ida Statu	tes.	horau	sta board of directors. Thereby accep	$\frac{1}{2} \int_{-\infty}^{\infty} dx$	1/01	riegistereo
SIGNATURE	10 Hing 11 Onlew	see Kathy J. S	Jay	ensi	21	tresident	୦3/୬୪	3.[Y'	4
12,	Signature, type of the filled have of registered age OFFICERS AN		Hegistered	Agen) signa)	Ife require	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTO	RS IN 12
TITLE	PD	DELETE	1.1 101	F	S			Change	Addition
NAME	MORTENSEN, KATHY		1.2 NAN	1E		tarkev. Michelle Lee			
STREET ADDRESS	3327 ROYAL OAK DR. W.		1.3 STR	ET ADDRESS	1	tarkey, Michelle Lee 137 Old South Drive			
CITY-ST-ZIP	MULBERRY FL			- \$1 - 7IP	<u>I_</u> _8	akeland, FL 33811			
TITLE	D Starkey, Janet Mortesen	DELETE	2.1 1111		1		L	Change	☐ Addition
NAME STREET ADDRESS	3307 ROYAL OAK DR. S.		2.2 NAM	il Eet Address	,				
CITY-ST-ZIP	MULBERRY FL		•	re i adunca: Y=S1 - ZiP	`				
TITLE		DELFTE	3.1 10L		- 			Change	Addition
NAME			3.2 NAM					-	
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CITY-ST-ZIP			3.4. CIT	/-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TH		}			Change	Addition
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STREET ADDRESS				ET ADDRESS	i				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL	- \$1 - ZIP	┩			Change	Addition
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STREET ADDRESS				ET ADDRES!	,				
CITY-ST-ZIP			•	- \$1 - ZIP					
TITLE		DELETE	61 THL		1	·····		Change	Addition
NAME			6.2 NAM	I	j				
STREET ADDRESS			6.3 STR	ET ADDRESS	3				
CITY-ST-ZIP		1 10 11 60 11 11 11	64 CITY	- ST - 7IP		in Continu 110 07/2V/I) Florido Ctatuta	. 1		Al

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 corporation or the receiver of 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 chapted, or on an attachment with an address.

SIGNATURE:

sen o

(941)646-4016