## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Aug 21 1997 8:00am

Secretary of State

	HWY	NTER	ailing Address ) BOX 7192 NTER HAVEN FL 33883	3				DO NOT WF  3. Date Incorporated or Qualific	RITE IN TH	IIS SPACE  Date of Last Re	eport
2. Principal Place of Business			2a. Mailing Address					<b>09/17/1987 4.</b> FEI Number		)2/23/1996_ AD	plied For
21			26					59-2844150			t Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		<b>\$8.75</b> A	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zφ	L	Country	у	-	8. This corporation owes or has	paid the	current year Inte	angible
24	25	29						Personal Property Tax due June 30. X Yes No			
	9. Name and Address of Curre	nt Regis	tered Agent					10. Name and Address of New	Register	ed Agent	
ELK	INS, JAMES E.				81	' Γ	lame				
2695 RECKER HWY					82	S	treet Addre	ess (P.O. Box Number is Not Acce	otable)		
WINTER HAVEN FL 33880						<b></b>	_				
					83	'l					
					84	C	ity	· · · · · · · · · · · · · · · · · · ·	F	<b>B5</b> Zip (	Code
office or r agent. I a SIGNATURE	to the provisions of Sections 607.05/ egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or prixted name of registered as	e of Florie gations of gent and title	da. Such change was f, Section 607.0505, Fl	autho Iorida TE: Reg	orized b Statute	y thes.	e corporati	oration submits this statement for the construction's board of directors. I hereby accept the construction of the construction	DAT	appointment as	registered
12.	PO OFFICERS AI	NO DIREC	DELETE		1.1 TITLE		T	ADDITIONS/ONANGES TO O	1 IOLIIO	Change	Addition
NAME	ELKINS, JAMES E.				1.2 NAME						
STREET ADDRESS	2559 PARTRIDGE DRIVE				1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL				1.4 CITY-ST-ZIP						
TITLE	VD		☐ DELETE			2 1 TITLE				Change	Addition
RAME	WELKER-ELKINS, SANDRA J.				2.2 NAME						
STREET ADDRESS					2.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL				2. 4 CITY - ST - ZIP						
TITLE			☐ DELETE		3.1 TITLE					Change	☐ Addition
NAME				•	3.2 NAME						
STREET ADDRESS				Ī	3.3 STREE	T AD(	DRESS				
CITY-ST-ZIP			DELETÉ		3.4. CITY-		!IP			☐ Change	Addition
TITLE			C) DECEME	- 1	4.1 TITLE 4. 2 NAME			<b>*</b>		☐ Change	□ Mudilloii
NAME Street address					4. 2 NAME		DECC				
•					4.4 CITY -						
CITY-ST-ZIP TITLE			DECETE		5.1 TITLE		"			Change	☐ Addition
NAME			-		5.2 NAME					-	
STREET ADDRESS					5.3 STREE		DRESS				
CITY-SY-ZIP					5.4 CITY-						
TITLE			☐ DELETE		6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREE	T ADI	ORESS				
CITY-ST. ZIP					64 CITY-	ST. 7	ا م				

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 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.