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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16788

(7)

INTRATE	in Conri					
Principal Place of Business 905 HERNDON STREET LEESBURG FL 34748		Mailing Address 905 HERNDON STREET LEESBURG FL 34748-5136				0.50() 0.54() 0.54() 0.50() 0.50() 0.50() 0.54() 0.54() 0.54() 0.54() 0.54() 0.54()
					3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 04/01/1996
_	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			59-2887566	Not Applicable \$8.75 Additional
22		 	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Gountry 30	,	8. This corporation has liability for Florida Statutes	rintangible tax under s. 199.032,
24	9. Name and Address of Curre		30	·····	10. Name and Address of New Ro	
TAY	LOR, L. E.		81	Name		<u> </u>
	W. MAGNOLIA ST		82 Street Address (P.O. Box Number is Not Acc		ress (P.O. Boy Number is Not Accepta	hle)
LEES	SBURG FL			Street Address (F.O. Box Mulliper is Not Acceptable)		
			83			
•			84	City		85 Zip Code
SS Durament	to the provinces of Sections 607 Of	02 and 607 1600 Florida Statute	n the phou	named pare	ocratics supports this statement for the	FL 33 Zip Code
office or re agent. I a	egistered agent, or both, in the Stal m familiar with, and accept the obli	le of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by rida Statule:	y the corporat s.	poration submits this statement for the tion's board of directors. I hereby acce	ipt the appointment as registered
SIGNATURE.	Signature, typed or printed name of registered a	gent and little if applicable (NOTE	Registered Age	ont signature regul	red when reinstating)	DATE
12.		ND DIRECTORS	13.	o grande 1041	ADDITIONS/CHANGES TO OFFI	
TALE	D	DELETE	1.1 TITLE			Change Addition
NAME	YANDELL, L. WILLIAM		1.≱ NAM€			
STREET ADDRESS	811 S. BOYLSTON ST		1.3 STREE			
CITY-ST-ZIP TITLE	LEESBURG FL D	DELETE	1.4 City - 5 2.1 Title	S1 - ZIP		Change Addition
NAME	YANDELL, JULIE E.	_ better	2.7 TITLE 2.2 NAME			FT pligtige LT vooition
STREET ADDRESS	811 S. BOYLSTON ST		2.3 STREET	ADDRESS		
CITY-ST-ZIP	LEESBURG FL		2. H CITY-)		
TITLE		☐ DEL€ TE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	I	•	
CITY+ST-ZIP		DELFTE	3.4. CITY -	ST - ZIP		Change Addition
TITLE NAME		ottri	4 P NAME	1		[] Cuange [] vooition
STREET ADDRESS			4 3 STREE			
CITY-ST-ZIP			4.4 CiTY-S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		- Ditter	5.4 CITY - 5	ST - 7IP		
TITLE		☐ DELETE	6.1 TITLE			L.] Change L! Addition
NAME STOREY ADODESCE			6.2 NAME	ADDDCCC		
STREET ADDRESS			6.3 STREET	Į.		
14. I do herel	t by certify that the information suppl	ied with this filing does not qualif	y for the exe		d in Section 119.07(3)(i). Florida Statul-	es. I further certify that the
informatio	on indicated on this annual report of	r supplemental annual report is tr or the receiver or trustee empow	ue and acc ered to exec	urate and that	it my signature shall have the same leg ort as required by Chapter 607, Florida	al effect as if made under oath; tha