## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

4ENT # K21461

(4)

1. Corporation	LLAGE AT SCOTT LAKE,	· /					
5125 HANOVER WAY LAKELAND FL 33813		5125 HANOVER WAY LAKELAND FL 33813					
EMCOMO II	. 33010	Succession 12 dollars			3. Date Incorporated or Qualified 04/20/1988	3a. Date of Last 04/26/1	Report <b>995</b>
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26			NOT APPLICABLE		Not Applicable
Suite, Apt #	≠, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	75 Additional a Required	
City & State		City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28		Trust Fund Contribution Added to Fees			
Zφ	Country 25	Ζιρ <b>29</b>	Gountry 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24	9. Name and Address of Curre		[30]		10. Name and Address of New		
<del>+</del>			81	Name			
VENABLE, J.W.			82	Street Address (P.O. Box Number is Not Acceptable)			
	NOVER WAY		83				
LAKELAI	ND FL 33831		63				
			84	City		FL  85	Zip Code
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flo th, and accept the obligations of, So Signal in: types or product name of registered as	rida Such change was authorized ction 607.0505, Florida Statutes	d by the corp	oration's boa	ration submits this statement for the p ird of directors. I hereby accept the ap and a remaining. ADDITIONS/CHANGES TO OF	pointment as register	ed agent. I am
12. TIFLE	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS OF ANGES TO OF	Chang	
NAME	VENABLE, J.W.		1.2 NAME				
STREET ADDRESS	5125 HANOVER WAY		1 3 STREET	ADDRESS			
CITY-ST-ZiF	LAKELAND FL		1.4 CITY - 5	11-7-P			
TITLE	TAVIOD CW		2 1 TITLE			☐ Chang	e 🔲 Addition
NAME	5125 HANOVER WAY		2.2 NAME	10(0:0)			
STREET ADDRESS CITY+ST-ZIP	LAKELAND FL		2.3 STREE1 2.4 CHY+5				
THE	SD DELETE MARTIN, SNOW E. JR. 5125 HANOVER WAY		3 1 TILE	11 21		☐ Chang	e 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	LADDRESS			
CITY - ST - ZIP	LAKELAND FL		3 4 O TY - S	ST - 20P			
TITLE	<u></u> -		4 1 TITLE			Chang	e 🗌 Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE!				
DITY-ST-ZIP TITLE			44 C-TY \$	or ZiP		[ ] Chang	je 🗍 Addition
NAME			5.2 NAME				_
STREET ADDRESS	EET ADDRESS 5		53 STREET	ADDRESS	5000018 -05/06/9601	Q7715	
CITY - ST - ZIP			5.4 CiTY -S	ST ZIP	-05/06/9601	1004006	
TITLE			6 1 TITLE		***200.00	JR Chang 5-1-9	ge 🔲 Addition
NAME			6.2 NAME			J'1 0	( )
STREET ADDRESS 63		63 STREE	ADORESS		5-1-9	<i>y</i>	
CITY - ST - ZIP			6.4 City - 3	ST-ZIP		J	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Effect 13 if changed, or on an attachment with an address.

SIGNATURE:

SCHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (941)647, 3308

CR2E034 (12/95)