

-0430338-

04-20-1999 90100 002 ***150.00

DO NOT WRITE IN THIS SPACE

		3. Date Incorporated or Qualified 01/20/1989			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2927059	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BOUTWELL, LEIGH 6839 OLD POLK CITY ROAD LAKELAND FL 33809			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME BOUTWELL, LEIGH <input type="checkbox"/> DELETE STREET ADDRESS 6839 OLD POLK CITY ROAD CITY-ST-ZIP LAKELAND FL			1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ <input type="checkbox"/> DELETE STREET ADDRESS _____ CITY-ST-ZIP _____			2.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ <input type="checkbox"/> DELETE STREET ADDRESS _____ CITY-ST-ZIP _____			3.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ <input type="checkbox"/> DELETE STREET ADDRESS _____ CITY-ST-ZIP _____			4.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ <input type="checkbox"/> DELETE STREET ADDRESS _____ CITY-ST-ZIP _____			5.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____		
TITLE _____ NAME _____ <input type="checkbox"/> DELETE STREET ADDRESS _____ CITY-ST-ZIP _____			6.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____		

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CP2E034 (11/08)