CORPOR ANNUAL 19	ROFIT RATION REPORT		Sandra B. Secretary DIVISION OF CO	Mortham of State		
CUME	NT # N28	218	(8)			
orporation Nar	me L Florida computi	FR HSFR'S	GROUP, INC.		CARRIED DE MORI GOLD CARE HAR	n van ander ander diete bielt diet diet 1964 is
CENTRA	E LEGUIDY COM OU					
ipal Place of E	Business	Mailin	ng Address		i tätiliai sia litai idila maa waa	
BOX 5005			BOX 5005 ELAND FL 33807			
KELAND FL 33	1807	LAK	FEMILIA LE 20001		3. Date Incorporated or Qualified	3a. Date of Last Report 07/25/1995
					09/01/1988	Applied For
rincipal Place	e of Business	├ ─¬	lailing Address		4. FEI Number 59-2914374	Not Applicab
		26 S	iuite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, e	sic.	27	O'A . O Chaha		6. Election Campaign Financing	\$5.00 May Be
City & State		28	City & State		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
 Zıp	Country		Zip	Country 30	Florida Statules	res in inc
	9. Name and Address of C	29 29	red Agent	81 Name	10. Name and Address of New R	egistered Agent
LAKELAI	Z PARK ROAD ND FL 33801			84 City	hakeland	FL 85 37 Code 33813
I. Pursuant to office or regagent. I am	nD FL 33801 In the provisions of Sections 6 gistered agent, or both, in the tramiliar with, and accept the	e obligations of,	, Section 617.0505, F PCA SUPER	Ites, the above-named cauthorized by the corporation Statutes	torporation submits this statement for the pration's board of directors. I hereby access the statement for the pration's board of directors.	purpose of changing its registere appt the appointment as registered
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7.1 Title D

7.2 Name Steele, Mitzi

7.3 Address 2310 A-2 Park Road

7.4 CitySt. Zip Lakeland, FL33801

8.1 Title D

8.2 Name Tracy McCoy 8.3 Address PO Box 408 8.2 Name

8.4 Cty-Stizip Lakeland, FL

No change

change