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| Aug 19 1998 8:00am | 762000 |
| Sacratory of State |        |

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # N9700006323               | (6) |
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Secretary of State

| ED OWNDER TAIMET TOURDAY   |  |   |   |   |
|--|--|---|---|---|
| Principal Place of Business  | Mailing Address  |   | , (aprill) ale .ell) tell; editi elli) elli elli  | · 35.·* 21.05 1116 (1255 )111 (25)  |
| 121 N COLLINS STREET<br>PLANT CITY FL 33566  | 121 N COLLINS STREET<br>PLANT CITY FL 33588  |   | 3. Date Incorporated or Qualified 11/07/1997  |   |
| <u>*</u>   |  |   | 4. FEI Number 59 - 3486538  | Applied For Not Applicable  |
| 2. Principal Place of Business   | 2a. Malling Address  |   | 5. Certificate of Status Desired  | \$8.75 Additional   |
| Sulte, Apt. #, etc.  | Sulte, Apt. #, etc.  | <del></del>   | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees  |
| City & State   | City & State   |   | 7. Is this nonprofit corporation a homeowr  |   |
| Zip Country  | Zip  | Country   | 8. This corporation owes or has paid the c  |   |
| 24 25  | 29   | 30  | Personal Property Tax due June 30.  | Yes No  |
| 9. Name and Address of Cu  | irrent Registered Agent  |   | 10. Name and Address of New Registers   | od Agent  |
|  |  | 81 Name   |   |   |
| REDMAN, JAMES L  |  | 82 Street Add   | iress (P.O. Box Number is Not Acceptable)   |   |
| 121' N COLLINS STREET<br>PLANT CITY FL 33566   |  | 83  |   |   |
| vi   |  | 84 City   | F   | 85 Zip Code   |
| 11. Pursuant to the provisions of sections 617.0   | 502 and 617 1508. Florida Statutes   | the above-named corpor  |   |   |
| office or registered agent, or both, in the St   | ate of Florida. Such change was auti-  | horized by the corporation Statutes.  | ration submits this statement for the purpose of con's board of directors. I hereby accept the appo | intment as registered   |
| agent, I am (#mile) with, and accept the ou  | angularita on, continue on total of the total  |   |   |   |
| SIGNATURE Signature, typed or printed name of registered   |  | E: Registered Agent signature rec   |   |   |
| SIGNATURE Signature, typed or printed name of registered 12. OFFICERS  | d agent and title if applicable. (NOT  |   |   |   |
| SIGNATURE  Signature, typed or printed name of registered  12. OFFICERS  TITLE   | d agent and tile it applicable. (NOT   | E: Registered Agent signature rec   | quired when reinstating) DATE   | AND DIRECTORS IN 12   |
| SIGNATURE  Signature, typed or printed name of registere  12. OFFICER:  TITLE Pres Diver  NAME Edward Swin   | d agent and tile it applicable. (NOT<br>S AND DIRECTORS  | TE: Registered Agont signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME  | quired when reinstating) DATE   | AND DIRECTORS IN 12   |
| SIGNATURE  Signature, typed or printed name of registered  12. OFFICERS  TITLE PCS - DIVER  NAME  Edward Swin  STREET ADDRESS  9471 Mc Twt   | s agent and the it applicable. (NOT S AND DIRECTORS DELETE   | TE: Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | quired when reinstating) DATE   | AND DIRECTORS IN 12   |
| SIGNATURE  Bigneture, typed or printed name of registered  12.  OFFICER  TITLE  NAME  STREET ADDRESS  OTYPHICAL PROPERTY OF THE PROPERTY OF TH | d agent and the it applicable. (NOT S AND DIRECTORS TO DELETE OS 4 RC 395 > 7/5  | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  Bignature, typed or printed name of registered  12. OFFICER  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DIT  SIGNATURE  Bignature, typed or printed name of registered  PCS - DIYEC  SUMA  THE DIT  TITLE   | d agent and the it applicable. (NOTS AND DIRECTORS DELETE OF A RC STATE  | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  Bigneture, typed or printed name of registere  12.  OFFICER:  TITLE  NAME  STREET ADDRESS  9471 MCINT  TITLE  DIT  NAME  AULTANCE  SIGNATURE  Bigneture, typed or printed name of registere  FOR SIGNATURE  POST OFFICERS  OFFICERS  POST OFFICERS  OFFICERS  POST OFFICERS  OFFICERS  POST OFFICERS  OFFICERS  TITLE  DIT  LAME  LAME AULTANCE  F. S.  | s agent and the it applicable. (NOT S AND DIRECTORS  DELETE  39527-37/5  DELETE  | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  Bigneture, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  BTREET ADDRESS  9471 ML TWT  TITLE  DITT  AME  STREET ADDRESS  9400 MC TWT  TO TO   | a agent and the it applicable. (NOT S AND DIRECTORS TO DELETE OF A RC S S A RC S S A RC S S A RC S S A RC S | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition   |
| SIGNATURE  Bignature, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GIV-ST-ZIP  AMME  STREET ADDRESS  GIV-ST-ZIP  AMME  STREET ADDRESS  GIV-ST-ZIP  TITLE  DOVEN  FL  TITLE   | s agent and the it applicable. (NOT S AND DIRECTORS  TO DELETE  39527-37/5  DELETE  NINGLE  BUILDING   | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Addition  |
| SIGNATURE  Bignature, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  GIV-ST-ZIP  AMME  STREET ADDRESS  GIV-ST-ZIP  AMME  STREET ADDRESS  GIV-ST-ZIP  TITLE  DOVEN  FL  TITLE   | s agent and the it applicable. (NOT S AND DIRECTORS  TO DELETE  39527-37/5  DELETE  NINGLE  BUILDING   | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Addition  |
| SIGNATURE  Bigneture, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  GIV-ST-ZIP  TITLE  NAME  ROCK  TITLE  NAME  ROCK  ROCK  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ROCK  ROCK  STREET ADDRESS  AME  ROCK  ROCK  ROCK  STREET ADDRESS  STREET A | d agent and the it applicable. (NOT S AND DIRECTORS  TO DELETE  S A Rd  39527-37/5  DELETE  DELETE  DELETE   | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Addition  |
| SIGNATURE  Bigneture, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ROCK STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ROCK STREET ADDRESS  STREE | d agent and the it applicable. (NOT S AND DIRECTORS  TO DELETE  S A Rd  39527-37/5  DELETE  DELETE  DELETE   | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition   |
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| SIGNATURE  Signature, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  CITYSTZIP  TITLE  NAME  STREET ADDRESS  CITYSTZIP  TITLE  NAME  RODNESS  LOLL HWY73  CITYSTZIP  TITLE  NAME  NAME  | a agent and the it applicable. (NOT S AND DIRECTORS  TOT DELETE  054 RC  395 > 7 - 3 7/5  DELETE  NINGLE  33537- DELETE  SOWN  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP   | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition  |
| SIGNATURE  Signature, typed or printed name of registered  12.  OFFICERS  TITLE  NAME  STREET ADDRESS  TITLE  POUCY FL  TITLE  TITLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  TITLE  POUCY  AMAYONGE  STREET ADDRESS  TITLE  POUCY  AMAYONGE  TITLE  POUCY  AMAYONGE  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  LOLL HWY73  CITYST-ZIP  TITLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  | a agent and the it applicable. (NOT S AND DIRECTORS  TOT DELETE  054 RC  395 > 7 - 3 7/5  DELETE  NINGLE  33537- DELETE  SOWN  | TE: Registered Agent signature rec<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition  |
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| SIGNATURE  Bignature, typed or printed name of registered  12.  OFFICERS  TITLE  Pres-Diver  Edward Swin  9471 ML Tarte  CITY-ST-ZIP  TITLE  Power /= L  TOWN  TITLE  Rodnay E, Swin  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  TITLE  NAME  TITLE  TITLE  NAME  TITLE  TIT | a agent and the it applicable. (NOT S AND DIRECTORS  TOT DELETE  054 RC  395 > 7 - 3 7/5  DELETE  NINGLE  33537- DELETE  SOWN  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 4.7 NAME 4.8 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE   | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition  |
| SIGNATURE  Signature, typed or printed name of registered  12.  OFFICERS  TITLE  Pres-Diver  Edward Swin  9471 Matanta  City-st-zip  Title  NAME  STREET ADDRESS  CITY-ST-zip  TITLE  NAME  STREET ADDRESS  CITY-ST-zip  TITLE  Rodnay E, Swin  STREET ADDRESS  CITY-ST-zip  TITLE  NAME   | a agent and the it applicable. (NOT S AND DIRECTORS  TOT DELETE  054 RC  39527-37/5  DELETE  WINDLE  33527-  DELETE  SOWN  DELETE  DELETE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  | quired when reinstating) DATE   | AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition                                 |
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in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR