## FILED Apr 28, 2004 8:00 am Secretary of State

## **2004 FOR PROFIT CORPORATION**

	ANNUAL	REPURI			04-28-2004 90283 036 ****150.00	
1. Entity Nam	MENT # P02000077	7078				
Principal Plac	se of Business	Mailing Address			<b>─ 54</b> 044065	
Principal Place of Business  2020 W. LAKE PARKER DRIVE LAKELAND, FL 33805  Mailing Address  2111 GLENWOOD DRIVE WINTER PARK, FL 32792				02		
A Bringing!	Place of Business	2 Mailing Address				
		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		04142004 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied For 14-1860678 Not Applicable	
~- Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		I	7. Name and Address of New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·			Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			;	Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
the obligates	Signature, typed or printed name of registered agent				istered agent, or both, in the State of Florida. I am familiar with, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai Trust Fund Contr			\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		C/CEO	
TITLE	DCEO	☐ Delete	TITL	· hτ.	wrence R. Deering Change Addition	
NAME STHEET ADDRESS	DEERING, LAWRENCE R	STE 360	NAM		O Concourse Parkway S., Suite 200	
CITY-ST-ZIP	s 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108				itland, FL 32751	
TITLE	DT	Delete	TITL	E D,	T ∰ Change	
NAME	CURCIO, EUGENE R_ 2111 GLENWOOD DRIVE STE		1		gene R. Curcio =	
STREET ADDRESS CITY-ST-ZIP	WINTER PARK, FL 32792	202		ET ADDRESS 80 '-ST-ZIP Ma	O Concourse Parkway S., Suite 200	
TIFLE	DPCO	☐ Delete	TITL		P/COO KI Change Addition	
NAME	CONTE, JOSEPH D		NAM	, oc	seph D. Conte	
STREET ADDRESS CITY-ST-ZIP	2111 GLENWOOD DRIVE STE : WINTER PARK, FL 32792	202		ET ADDRESS 80	O Concourse Parkway S., Suite 200	
TITLE	\$	☐ Detete	TITL		<b>I</b> Change ☐ Addition	
NAME	CORSETTI, ROSEMARY L	□ beigle	NAM	ŧ	semary L. Corsetti	
STREET ADDRESS	200 CORPORATE CENTER DR	IVE SUITE 360			ne Oxford Centre, 20th Floor, 301 Gran	
CITY-ST-ZIP	MOON TOWNSHIP, PA 15108			<del></del>		
TITLE NAME		Delete	TITL NAM		Change Addittor	
STREET ADDRESS				EET ADDRESS	•	
CITY-ST-ZIP	,		CITY	r-st-ZIP		
TITLE		Delete	TITL	£	☐ Change ☐ Addition	
NAME STREET LEBRESON			NAM			
STREET ADDRESS CITY+ST-ZIP				EET ADORESS (-ST-ZIP		
	certify that the information symplical with	h this filing does not qualify for			n Section 119 07(3Vi) Florida Statutes I further certify that the information	
indicated of the col	comy that the shormalion supplied with I on this report or supplemental report i poration or the receiver or trustee emp I, or on an attachment with an address.	s true and accurate and that recovered to execute this report with all other, like empowered	ny signa as requ	ature shall have ired by Chapte	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11.If.	

Rosemary L. Corsetti

HE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SECRETARY

4/19/04

(412) 281-4420