## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P92000011925 (4)

LAND SI	n Name HARK CORF	),		- ( . ,			4 444 144 114 114 114 114 114 114 114 1	} <b>61:1</b> 1:1141		
Principal Place of Business Mailing Address										
3550 US HWY 98 N LAKELAND FL 33805				2156 N. MAIN STREET WLANUT CREEK GA 94596-3708						
			<b>V</b> V				3. Date Incorporated or Qualified		e of Last Re	eport
							12/14/1992	04/24/1996		
L '	lace of Business	š		2a. Mailing Address			4. FEI Number			plied For
21 Suite, Apl.	# oto		26 Suite A	Suite, Apt. #, etc.			59-3154051		\$8.75 A	t Applicable
22	#, bto.		<b></b>	27			5. Certificate of Status Desired		Fee Re	
City & State	c			City & State			6. Election Campaign Financing \$5.00 May Be			
23			28	28			Trust Fund Contribution Added to Fees			
Ζιρ	Country		Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Currer			29 :			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
		a Address of C	urrent Hegistered Ag	ent	81	Name	1U. Name and Address of New He	Distalati V	.gent	
	LIS, GARY B				82				· · · · · · · · · · · · · · · · · · ·	
500 N OCEAN ST JACKSONMILE FL 32202						Street Add	fress (P.O. Box Number is Not Acceptable)			
JAC	VOOIAAITTE LI	. 32202			83					
					84	City			85 Zip (	Code
						-		<u>FL</u>	1 1	
office or r agent. I a SIGNATURE	to the provisions registered agent am familiar with,	s of Sections 60 , or both, in the and accept the	7.0502 and 607.1508, State of Florida, Such obligations of, Section	change was 607.0505, F	ites, the above authorized by florida Statutes	e-named corp the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	of the appo	cnanging it sintment as	s registered registered
L	Signature typed or p	rinced name of registo	red agent and litte if applicable	e. {NO		ent signature requi	red when reinstating)	DATE		
12.		OFFICER	IS AND DIRECTORS	DEVETE.	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DVTS	NIEN A		L DELETE	1.1 TITLE			'	L Change	Addition
NAME OTREET ADDOCTOR	REITZ, STEF 56 KINGLET				1.2 NAME	ADDOCCO				
STREET ADDRESS	CRANBURY				1.3 STREET					
CITY-SI-ZIP TITLE	DP	110		DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP		1	Change	Addition
NAME	REITZ, JOAI	NNF R	·		2.2 NAME					
STREET ADDRESS	56 KINGLET				2.3 STREET	ADDRESS				
CITY-ST-ZIP	CRANBURY				2. 4 CITY-5	i i				
TITLE				DELETE	3.1 TITLE				Change	Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP				T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3.4. CITY-	ST-ZIP				
TITLE				DELETE	4.1 TITLE				Change	Addition
NAME	l				4. 2 NAME					
STREET ADDRESS					4.3 STREET	1				
CITY-ST-ZIP	ļ			DELETE	5.1 TITLE	11-ZIP			Change	Addition
NAME			,	PLILIT	5.1 TIFLE 5.2 NAME	Ì		,	- June 190	
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-SI-ZIP					5.4 CITY - S					İ
TITLE	<del></del>			DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					6.2 NAME				•	,
STREET ADDRESS					6.3 STREET	ADDRESS				
CITY CT. 710					6 4 CITY - S	II.				

14. I do 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OF PRINTER NAME OF SIGNING OFFICER OF DIRECTOR