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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000064419 (3)

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Principal Place of Business Mailing Address

1310 WEST OLIVE ST. 1310 WEST OLIVE ST.



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25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WATSON, STEPHEN C 101 S. FLORIDA AVE. LAKELAND FL 33801 84 City FL 85 Zip Co 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 regist or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature speed or printed name of registered agent and their applicable (NOTE Fuguicine) Agent square recurred who relevating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I ITIE DP DELETE 1.1.TILE 1.2. AMME STREET ADDRESS 5728 DEER FLAG DRIVE LAKELAND FL 33811 1.4.CITY-51-ZIP LAKELAND FL 33811 DELETE 2.1.TILE DST Change Change	XIe
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City-St-ZiP 6.4 City-St-ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I] Addition

I. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual prior true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trustee shipowered 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 or application with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

M. Dex

4/30/46

(940) (%0-203) Daytrile Phone #