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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400052888 (2)

LAMBERT REALTY COMPANY, INC.

Principal Place of Business		Mailing Address		r inasimālistā ibrili binis dāsili dāsili dāsili naliki bitish stādi ibrah ibrah ibri ibrī ibrī.		
402 S ETH AVE WAUCHULA FL 33873 US		P.O. BOX 822 WAUCHULA FL 33873		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				07/18/1994		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address		4. FEI Number	Applied For	
		26 Suite, Apt. #, etc.		65-0506844	Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible	
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent	
LAMBERT, DORIS S 402 S 6TH AVE WAUCHULA FL 33873			82 Street A	Address (P.O. Box Number is Not Acceptable)		
			84 City		85 Zip Code	
				FL	_	
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	s authorized by the corp	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	Indicate the second of changing its registered The second of the s	
office or r agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa iligations of, Section 607.0505,	s authorized by the corporation of the corporation	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	Indicate the second of changing its registered The second of the s	
office or n agent. I a SIGNATURE	egistered agent, or both, in the St. m familiar with, and accept the ob-	ate of Florida. Such change wa iligations of, Section 607.0505, agent and title II applicable (N	is authorized by the corportion of the corportio	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	In the state of changing its registered pointment as registered	
office or r agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS.	ate of Florida. Such change wa digations of, Section 607.0505, agent and title if applicable (N AND DIRFCTORS	s authorized by the corporate Statutes. IOTE: Registered Agent signature in the statute in the	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	of changing its registered pointment as registered	
office or n agent. I a SIGNATURE 12.	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS /	ate of Florida. Such change wa iligations of, Section 607.0505, agent and title II applicable (N	s authorized by the corporate Statutes. OTE: Registered Agent signature I 13. 1.1 TITLE	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	of changing its registered pointment as registered	
office or nagent I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS / PST LAMBERT, DORIS S	ate of Florida. Such change wa digations of, Section 607.0505, agent and title if applicable (N AND DIRFCTORS	s authorized by the corp. Florida Statutes. IOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	of changing its registered pointment as registered	
office or nagent I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS / PST LAMBERT, DORIS S 402 S 6TH AVE	ate of Florida. Such change wa digations of, Section 607.0505, agent and title if applicable (N AND DIRFCTORS	s authorized by the corporate Statutes. OTE: Registered Agent signature I 13. 1.1 TITLE	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	of changing its registered pointment as registered	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS / PST LAMBERT, DORIS S	ate of Florida. Such change wa iligations of, Section 607.0505, agent and tille if applicable (NAND DIRECTORS DELETE	s authorized by the corp. Florida Statutes. IOTE Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	of changing its registered pointment as registered D DIRECTORS IN 12 Change Addition	
office or n	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS / PST LAMBERT, DORIS S 402 S 6TH AVE	ate of Florida. Such change wa digations of, Section 607.0505, agent and title if applicable (N AND DIRFCTORS	s authorized by the corp. Florida Statutes. IOTE Registered Agent signature if 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	corporation submits this statement for the purpose of continuous post of directors. I hereby accept the appropriate the purpose of the purpos	of changing its registered pointment as registered	

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2 4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

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STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I 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:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

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FILED

Apr 27 1998 8:00am

Secretary of State

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