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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400064299 (8)

BENJAM	IIN W. HARD	IIN, JR., P.A.	k Asso	ciates,	P.A.	NC,	7				
Principal Plac	e of Business		Mailing	Address	·,×·· · · · ·						
3001 U. S. HWY 98 S. Lakeland FL 33803 US				-							
							08/31/1994				
2. Principal P	Place of Business	3	2a. Mailing Address			4. FEI Number		├	Applied For		
21			26				<u>59-3263670</u>			lot Applicable	
Suite, Apl 22			27				5. Certificate of Status	Desired [\$8.75 Additional Fee Required		
City & State			City	City & State			6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribut				
Zip	Country		Zip		Countr	У		8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Current F			29 30				Florida Statutes Yes No.		····	
	· · · · · · · · · · · · · · · · · · ·		r ueAistete	n Adeist	81	Name	10. Name and Address	OI HOW DOY!	eraran waarii		
	rdin, Benjami										
	1 US HWY 98			82 Street Ad			Address (P.O. Box Number is N	ot Acceptable))	ļ	
LAN	ELAND FL 338			83							
					84	City			FL 85 Zip	Code	
office or (registered agent	of Sections 607.050 , or both, in the State and accept the oblige	of Florida, S	Such change was	authorized b	y the con	corporation submits this statem poration's board of directors. I h	ent for the pur ereby accept t	pose of changing the appointment a	its registered s registered	
SIGNATURE									·		
40	Signature typed or p	noted name of registered age				ent signature	required when reinstating)	ס דס סברוסרו	DATE DIDECTO	00 111 10	
12.	DPS	OFFICERS ANI	DIRECTO	DELETE	13. 1.1 T(TLE		ADDITIONS/CHANGE	S TO OFFICE	Change		
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CITY - ST - ZIP	LAKELAND F				1.4 City-					1	
TITLE	VP			DELETE	2 1 TITLE	01-EII		,	Change	Addition	
NAME	SANOBA, GI	REGORY A			22 NAME						
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CITY-ST-ZIF	LAKELAND F				2. 4 CITY	- \$1 - ZIP					
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NAME	HARDIN, MA				3.2 NAME						
STREET ADDRESS		/y 98 South			3.3 STREE	T ADDRESS					
CHA-21-5tb	LAKELAND F	<u>L</u>	···		3.4. CITY	ST-ZIP					
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STREET ADDRESS						T ADDRESS		~			
City-St-7P Tifle				DELETE	54 CITY- 6.1 THLE				Change	Addition	
NAME.	1				6.2 NAME		20000 -04/25/9 ***165.00	[2]5	21 <u>7</u> 2 "		
STREET ADDRESS						TADDRESS	-04/25/9	(81062	zU1 (
STATE ADDRESS OF	1					er zio	! ***165. U(J			

14. I do hereby certify that the information supplied with this filling 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: 4

FILED

Apr 24 1997 8:00am

Secretary of State