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

PROFIT CORPORATION ANNUAL REPORT 1998

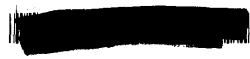


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400064299 (8) BENJAMIN W. HARDIN, JR. & ASSOCIATES, P.A. HARDIN & JARRET, P.A. Principal Place of Business Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



3001 U. S. HWY 98 S. LAKELAND FL 33603 US			LAKELAN US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1994			
2. Principal P	Tace of Busin	2ê. Mallin	2a. Mailing Address				4.	4. FEI Number Applied For 59-3263670 Not Applicable				
Suite, Apt.	#, etc.		Suite, Apt #, etc.						\$8.7	5 Additional		
22		27	27				5.	Certificate of Status Desired		Required		
23				City & State				I .	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24		Country 25	Zip 29	├-ŋ ' ├ -ŋ '				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
	g, Name	and Address of Curre	nt Registered /	\gent				10.	Name and Address of New Registe	red Agent		
		IAMIN W JR				81	Name					
3001 US HWY 98 SOUTH LAKELAND FL 33803						82	Street A	Address (P.	O. Box Number is Not Acceptable)		-	
						83						
						84	City		· · · · · · · · · · · · · · · · · · ·	85 Z	ip Code	
44 Discount	to the provin	one of Cartions COT OF	12 and 607 150	B. Florida Etat	ulae tha a		namad	Oprocesion		a of changin	a ita tagistatad	
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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	Signature, typed	or printed name of registered ag	ent and title if applica ID DIRECTORS	ble (NC	OTE: Registere	d Age	nt signature r		reinstating) DA ADDITIONS/CHANGES TO OFFICERS		CODE IN 10	
TITLE	DPS	Orriot do Air	ID DINECTORS	DELETE	1.1 7	ITI F			ADDITIONS/CHANGES TO OFFICERS	Chang		
NAME		BENJAMIN W JR			12 N		İ				,,	
STREET ADORESS	5854 CC		135			STREET ADDRESS						
CITY-ST-ZIP	LAKELAI	ND FL 33813		1.4 C			r-ZIP				ĺ	
TITUE	VP			DELETE	2.1 (1	ITLE				Chang	ge Addition	
NAME		MARY ANNE			2.2 N	AME	J				j	
STREET ADDRESS	3001 US	HWY 98 SOUTH		2.3 \$			address					
CITY-ST-ZIP	LAKELAI	ND FL		110000		CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·			
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NAME					4.21							
STREET ADDRESS					4.3 S	TREET	ADDRESS				ľ	
CITY-ST-ZIP					44 C	ITY-\$1	r-ZIP			/	<i>'</i>	
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NAME					5.2 N	AME				M	11 11	
STREET ADDRESS					5.3 \$	TREET	ADDRESS			/// //	1184	
CITY-ST-ZIP						(TY - 51	r-ZIP			1///	/ - /	
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NAME					6.2 N		ļ		-04/27/9801008	-UUT	ļ	
STREET ADDRESS					6.3 S	TREET	ADDRESS		***150.00			

14. Thereby 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:

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