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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085614 (3)

rincipal Place of Business	Mailing Address			
247 E STUART AVE LAKE WALES FL 33853	247 E STUART AVE LAKE WALES FL 33853			
2. Principal Place of Business	2a, Mailing Address			
<u> </u>	26 Suite, Apt. #, etc.			

## **FILED** May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I TROUGHT ON THEIR REST DEIN ADIN A	LOSOL BOSOS OSSO BSI	EO PERSO	BARA INCL			
247 E STUART AVE LAKE WALES FL 33853 247 E STUART AVE LAKE WALES FL 33853							DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified				7
								11/21/1994	- <del></del>			4
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	<del> </del>	<del></del>	lied For	-
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-3290209	_		Applicable Iditional	+
22			27					5. Certificate of Status Desired	T	e Req		
City & State			City & State					6. Election Campaign Financing	\$5.	.00 h	lay Be	7
23			28				<del></del>			ded to		1
Zip	Count	ry	Zip		<b>├</b>	intry	ł	8. This corporation owes or has paid	_ ′	ar Intar	•	ı
24	25 9. Name and Addre	eas of Current P	29	Agent	30			Personal Property Tax due June 30  10. Name and Address of New Regis			NO	$\dashv$
05/		JOS DI COMBINE	egietorou	ryon.		81	Name	10. Name tile receives of New York	stored Agent			┨
SEAY, JULIE S 247 E STUART AVE				-		(0.0 0)				4		
LAKE WALES FL 33853					82	Street Addr	ess (P.O. Box Number is Not Acceptable)	<b>)</b>				
						63						٦
						84	City		65	Zip Čo	ode	┪
dd Durawant	to the provisions of Cod	tions 607 0602 s	ad 607 160	D. Clarida Ctatul	on the n		2 22 22 22 22 22 22 22 22 22 22 22 22 2	cration authorite this statement for the current	FL	on ita	rogistored	4
office or ri	egistered agent, or both	h, in the State of	Florida. Su	ch change was	es, trie a authorize	d by	the corporati	oration submits this statement for the pur ion's board of directors. I hereby accept t	he appointmen	it as re	egistered	1
SIGNATURE	m lamilar with, and act	Sept the dungand	ris or, sect	1011 007.0305, F	Jilua Sta	шее	<b>.</b>					
SIGNATURE	Signature, typed or printed name	e of regislered agent a	nd tille if applic	able (NO	E Registere	d Age	niupet evutangia (ne	ed when reinstating)	DATE	<del></del>		} <
12.		OFFICERS AND D	PIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER				] }
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NAME	SEAY, JULIE S				1.2 N		i					13
STREET ADDRESS	P O BOX 740 N/A BABSON PARK F						ADDRESS					Įù
CITY-ST-ZIP TITLE	DADSON PARK F	L 33027		DELETE	1.4 Cl		iT-ZIP		Cha		☐ Addition	48
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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 exemptation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

941-678-1338