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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ACKORESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085763 (8)

Principal Place of Business Mailing Address 17:10 INVERNESS DRIVE 17:10 INVERNESS DRIVE LAKELAND FL 33813								
					3. Date Incorporated or Qualified 11/18/1994		of Last Re	eport .
─ ¹ '	lace of Business	2e. Mailing Address			4. FEI Number 59-3286883	<u>, danser, *</u>		plied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.	·····			N	\$8.75 A	t Applicable
22		27			5. Certificate of Status Desired	×	Fee Re	·
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Zip 29	Count	ry	This corporation has liability for Florida Statutes			
	9. Name and Address of Cure	rent Registered Agent			10. Name and Address of New Re	gistered A	ent	
ARMITAGE, LISA 1710 INVERNESS DRIVE			8		Address (P.O. Box Number is Not Acceptal	ble)		
LAKI	ELAND FL 33813		8	3				
			8	4 City			85 Zip C	Code
44 0	4.0	0500 and 007 1400 Florido Pto			corporation submits this statement for the	<u> </u>		
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change wa	as authorized I	by the corp	poration's board of directors. I hereby acce	pt the appoi	ntment as	registered
SIGNATURE	Stignature, typed or printed name of registered	agent and tale if applicable - {}	NOTE: Registered A	gent signature	required when rainstating)	DATE		
12.		AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFI			
TITLE	D ADMITTAGE LICA M	☐ DELETE	1.1 TITLE			L	_] Change	☐ Addition
NAME	ARMITAGE, LISA M 1710 INVERNESS DRIVE		1.2 NAM					
SURELL ACOURESS	LAKELAND FL			ET ADDRESS				
CITY - ST - ZIP TITLE	CAICCAIDIC	DELETE	1.4 CITY 2.1 TITLE				Change	Addition
NAM:			2.2 NAM			_		
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY - S* - 7IP			2. 4 CITY	-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS				ĺ
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NAME CONTRACTOR			5.2 NAM					
STREET ADDRESS			- 1	ET ADDRESS	}			
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THE		☐ brreit	\$ 1 TILL			L	⊸ orenide	- Addition

14. I do 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE