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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 23 1998 8:00am Secretary of State

ſ	MENT # P94000 n & Valenti, p.a.	091788 (7)			
Principal Place of Business Mailing Address					
212 E. STUART AVE. 212 E. STUART AVE. LAKE WALES FL 33853 LAKE WALES FL 33853					£
	, <b>-</b>			DO NOT WRITE IN THIS SPA	ACE .
				3. Date Incorporated or Qualified	
O Principal C	Place of Business	2a. Mailing Address		12/20/1994 4. FEI Number	I A self-out For
21	lace of business	26. Walling Address			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3285717	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28	N	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curren	
24	25		30	Personal Property Tax due June 30.	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent OURCAN DODAN					
GIBSON, ROBIN					
212 E. STUART AVE. LAKE WALES FL 33853			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	NE VIALLO PE 33833		83		
			24 0		
			84 City	FL i	85 Zip Code
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable (NOTE,	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PS	☐ DELETE	1.5 TITLE		Change Addition
NAME	Gibson, Robin		1.2 NAME		
Street Address	212 E. STUART AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	·	
TITLE	VP	☐ DELETE	2,1 TITLE	· ·	Change
NAME	VALENTI, JAMES C		2.2 NAME		
STREET ADORESS	212 E. STUART AVE. LAKE WALES FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	T T	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	ASHLEY, KEVIN		3.2 NAME		, analogo :
STREET ADORESS	212 EAST STUART AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE WALES FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	Change L Addition
NAME			5.2 NAME	tt	
STREET ADORESS			5.3 STREET ADDRESS_		15 4
CITY-ST-ZIP		DELETE	-54 CITY-ST-ZIP		Change
TITLE		1   UCLC1C	6.1 TITLE	<u>L</u>	i onenes i l'Audinoll I
i :					
NAME			6.2 NAME		
i :		<u></u>			

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Profice statutes. Turtier 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 oddress.

SIGNATURE:

V12/98 9

941.676.8584