## 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

	MENT # P95000 A. ALCOTT, P.A.	0030141 (2)			H 4801 HAN BIRAL ARI JAN
Principal Place	e of Business	Mailing Address		I FORIJARI IJA FRIJEF RISHT RISH ORIJA RRIST IJA	}
2910 WINTER LAKE ROAD 2910 WINTER LAKE R LAKELAND FL 33803 LAKELAND FL 33803			AD		
		Difficulties ( E egopt		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address	<del></del>	04/13/1995 4. FEI Number	Applied For
21	acco of Eddinosa	26		59-3311329	Not Applicable
Suite, Apl	W, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State	70.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
ALC	COTT, ROGER A		81 Name		
2910 WINTER LAKE ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	·
LAH	(ELAND FL 33803		83		
			63		
			84 City	FL	85 Zip Code
es Durement	to the provisions of Sections 607.06.05	and 607 1509 Florida State	too the above eamed eer	poration submits this statement for the purpose of	a banaina ita ragistarad
SIGNATURE	Signature typed or printed name of registrated age.  OFFICERS AND	t and little if applicable (NC	TE: Registered Agent signature requ	ation's board of directors. I hereby accept the application is board of directors. I hereby accept the application is board when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	
TUTE	D	DELETE	1.1 TITLE	ADDITION OF WINDERS TO STROET OF THE	☐ Change ☐ Addition
NAME	ALCOTT, ROGER A		1.2 NAME		
STREET ADDRESS	2910 WINTER LAKE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE		L) DECEIR	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
MAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Lacter	5.4 CITY-ST-ZIP		D Adam
TITLE		DELETE	6.1 TETLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 or an attachment with an address.

CIONIATURE.

voer alant

2-13-88/841)665-2346

**FILED** 

Feb 18 1998 8:00am

Secretary of State

CR2E034 (10/97)