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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030335 (0)

FILED May 20 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 8920 LIGHTER KNOT DR LAKE WALES FL 33853 LAKE WALES FL 33853-7245						3. Date Incorporated or Qualified 3a. Date of Last Report			
						04/13/1995	04/09/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0581307		Not Applicable	
Suite, Apt.	,	Suite, Apt #, etc.				5. Certificate of Status Desired	1 1	5 Additional Regulred	
City & Stat	e	City & State				6. Election Campaign Financing		00 May Be	
Zip	Country	28	Cour	nlry		Trust Fund Contribution 8. This corporation has liability for		ed to Fees	
24	25	29	30				Yes 🔽 No	n S. 190.002,	
	9. Name and Address of Currer					10. Name and Address of New R	egistered Agent		
NEWMAN, JACK C JR. 81 Name					me				
8920 LIGHTER KNOT DR				82 Str	eet Addre	ess (P.O. Box Number is Not Accepta	able)		
LAKI	E WALES FL 33853		ŀ	B3					
			ļ						
			Ì	84 Cit	ý		FL 85 2	(ip Code	
office or a agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State ann familiar with, and accept the oblig Signature, typed or printed name of registered age					on's board of directors. I hereby according when renstating)	opt the appointment	as registered	
12.		D DIRECTORS	13,			ADDITIONS/CHANGES 10 OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	P	☐ DECETE	1.1 111	lE			Chan	ge 🔲 Addition	
NAME	NEWMAN, JACK C JR.		1.2 NA					ļ	
STREET ADDRESS	8920 LIGHTER KNOT DRIVE LAKE WALES FL 33853			REET ADORI	SS				
CITY-ST-ZIP TITLE	TD	☐ DELETE	1.4 CH 2 1 TH	Y-S1-7IP	4	7-	C. Chang	ae 🔲 Addition	
NAME	NEWMAN, MELISSA S			22 NAME Ne		17 cuman, Melissa 120 Lighter Kni	5. 7	, Carron	
STREET ADDRESS	8920 LIGHTER KNOT DR.		2.3 \$16		ss 8	920 LIGHTER KN	of Drive)	
CITY-ST-ZIP	LAKE WALES FL 33853		2 4 Ci	1 Y - S1 - ZIP	اسا	ike wates, FL	33853		
TITLE		DELETE	3.1 711	LF			Chan	ge 🔲 Addition	
NAME			3.2 NA						
STREET ADDRESS				REFT ADDIRE	SS				
CITY-ST-ZIP TITLE		DELETE	3.4. Cr	1Y - ST - ZIP			Chan	ne Addition	
I NAME		בן מנננונ	4.2 NA				L_1 Chang	je <u>L Audunon</u>	
STREET ADDRESS				REET ADORE	çç				
CITY-ST-ZIP			B	Y-S1-ZIP	.33				
TITLE		DELETE	5 1 111				Chang	e Addition	
NAME		ı	5.2 NA	ME				}	
STREET ADORESS			5.3 \$16	REET ADORE	SS			İ	
CITY-ST-ZIP			5.4 Cf1	Y - ST - ZIP					
TITLE		☐ DELETE	6.1 TIT.	LF			Chang	ge 🔲 Addition	
NAME			6.2 NA						
STREET ADDRESS				REET ADDRE	SS			ļ	
CITY-ST-ZIP	by partify that the information number	d with this filing done not avail		Y-ST-ZIP	n stated	in Section 119 07/21/3 Florida Statut	on Hurther portifical	ant the	

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 eath; 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 alternative and directors.

SIGNATURE: MOSTANDIANDIANE QUILLE

4/30/97

194)691-44N