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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MENT # P9500(DE CENTRAL, INC.	0067773 (8)			
Principal Plac	ce of Business	Mailing Address	<u> </u>	J 1900/1904 HIN JOINT GRIN GENIX BONA DENIS	94119 10041 30011 1000F 1831 BOB1
1335 SUTTON RD LAKELAND FL 33810-0227 US		1335 SUTTON RD Lakeland FL 33810-0227 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal D	Place of Business	2a. Mailing Address		09/01/1995 4. FEI Number	Analiad Fac
21 Principal P	Tace or phaness	26 Mailing Address		59-3339517	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 24	25	⊢	Country	This corporation owes or has paid the enterprise Personal Property Tax due June 30.	current year Intangible KI Yes
24]	9. Name and Address of Currer		1	10. Name and Address of New Registers	
NA	NCY F. STRUCHKO		81 Name	- t Samuchto	
			82 Street Addr	ress IP.O. Box Number is Not Acceptable)	
	KELAND FL 33803	—) Change AD DRESS ON	4 3442	- Southcrest Blud	
	·	, ,,,, ,, , , , , , , , , , , , , , ,	/ 83		
			84 City I	1 . 1	85 Zip Code
		1007 4500 5 11 8	\	keland F	L 1 1338 (3
office or r	registered agent, or both, in the State	e of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature typed or photed name of registered agr	ent and title if annicable (NOTE:	Registered Agent signature requir	red when reinstaling) DATE	
12.	·	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPS	DELETE	1.1 TITLE		Change Addition
NAME	NANCY F. STRUCHKO		1.2 NAME		
STREET ADDRESS	3442 SOUTHCREST BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELÉTÉ	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS City-St-Zip			2.3 STREET ADDRESS 2.4 City-St-zip		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change 1444
TITLE		☐ orreit	5.1 TITLE		L. Change L. Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE	<u> </u>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made	certify that the information
officer or a	director of the corporation or the rector Block 13 if changed, or on an atta	eiver or trustee empowered to ex-	ecute this report as requ	ired by Chapter 607, Florida Statutes; and the	it my name appears in