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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA SEPART SENT OF STATE

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Secretary of State

7/25/50 941-1.411-11.06

Jul 31 1997 8:00am

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000071076 (0)

C. DOUGLAS BRONSON, C.P.A., P.A.

appears in Block 12 or Block 13 if changed

Principal Place of Business Mailing Address 5300 S FLORIDA AVE 5300 S FLORIDA AVE SUITE C SUITE C LAKELAND FL 33813 **LAKELAND FL 33813-2519** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1995 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3339146 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRITTON, CHARLES P C/O WENDEL, CHRITTON & PARKS CHARTERED 82 Street Address (P.O. Box Number is Not Acceptable) 5300 S FLORIDA AVE 83 LAKELAND FL 33813 84 City 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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE DELETE 1.1 TITLE Change Addition C. DOUGLAS BRONSON NAME 1.2 NAME CR2E034 1240 STRATTON CRT W. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP 6000022545**36**1 DELETE Addition TITLE 6.1 TITLE NAME -08/01/97--01012--018 62 NAME ***550.00 STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of the receiver or true by employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name