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

Principal Place of Business	Mailing Address					
119 SNOWBIRD AVENUE LAKELAND FL 33815	119 SNOWBIRD AVENUE LAKELAND FL 33815					
2. Principal Place of Business	2a. Mailing Address					

FILED Jan 23 1998 8:00am Secretary of State

	MENT A STER ALU	F P9500 PIMINUM BOAT	DOO817 Trailers, i	, ,							
Principal Plac	e of Business		Mailing /	Address				I OODSHOOM AIN LAIDI QIYAL OOTAH EDZIL XBEYL OOTABI	EDION (1811) 18031 60	400 taly 1004	
119 SNOWBIRD AVENUE LAKELAND FL 33815		119 SNOWBIRD AVENUE LAKELAND FL 33815			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
2 Principal P	Place of Busine		2. Maile	ng Address	-			10/16/1995 4. FEI Number			
21			26					59-3339340		pplied For ot Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			~~~~			Additional	
22			27	27				5. Certificate of Status Desired	4	equired	
City & State			City 8	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zıp		Count	ry		8. This corporation owes or has paid the	çurrent year ini	tangible	
24	21	<u> </u>	29		30			Personal Property Tax due June 30.] No	
		nd Address of Cur	rent Registered	Agent	8	d) Name		10. Name and Address of New Register	ed Agent		
	NSTRUCK, J				*	1 Nam	е				
	SNOWBIRD				8:	2 Stree	1 Addre	ss (P.O. Box Number is Not Acceptable)	· · · · · ·		
LAI	KELAND FL 3	3815			8	3					
					Ĺ						
					8-	4 City		F	85 Zip	Code	
11. Pursuant office or r	to the provision	ns of Sections 607.0 nt, or b oth, in the Sta , an d a ccept the ob	502 and 607.150 ate of Florida, Suc	08, Florida Statut ch change was	tes, the aborauthorized t	ve-name by the co	d corpo orporatio	pration submits this statement for the purposion's board of directors. I hereby accept the a		ts registered registered	
SIGNATURE		printed name of registered					no roa ilro	d when reinslating) CAT.			
12.	o granto, appeara-		ND DIRECTORS		13.	gant algebra	o require	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	D			DELETE	1.1 TITLE			-	Change	Addition S	
NAME		CK, JAMES R			1.2 NAME]	
STREET ADDRESS		VBIRD AVENUE			1.3 STREE	T ADDRESS	3			ļi	
CITY-ST-ZIP) F <u>L 33815</u>			1.4 CITY			77-91-72-77-91-91-91-91-91-91-91-91-91-91-91-91-91-		{	
TITLE	D			DELETÉ	2.1 TITLE				Change	☐ Addition C	
NAME	SELF, WAI				2.2 NAME						
STREET ADDRESS		VBIRD AVENUE				T ADDRESS	·				
CITY-ST-ZIP TITLE	ביייונ) FL 33815		DELETE	2 4 CiTY		+		Change	Addition	
NAME					3.2 NAME				in cuardo		
STREET ADDRESS						T ADDRESS	.				
CITY-ST-ZIP					3.4. CITY					1	
TITLE				DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAM	:					
STREET ADDRESS					4.3 STREE	T ADDRESS	.				
CITY-ST-ZIP		<u>. </u>			4.4 CITY-	ST-ZIP					
TITLE				DELETE	5.1 TITLE				Change Change	☐ Addition	
NAME					5.2 NAME						
STREET ADORESS						T ADDRESS					
CITY-ST-ZIP TITLE				☐ DELETE	5.4 CITY-	ST-ZIP			Change	Addition	
NAME				DULUTE	6.1 TITLE 6.2 NAME		1		∐ Change	L Addr(00	
STREET ADDRESS						t address					
CITY-ST-ZIP					6.4 CITY-						
	ertify that the in	oformation supplied	with this filing de	nee not qualify for			tod in C	action 110 07/3Vi) Florida Statutae 1 further	gorlify that the	information	

reflect compared to the information supplied with this little 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 on an attachment with an address.

1-12-98

941-687-7785