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

PROFIT CORPORATION ANNUAL REPORT

1998



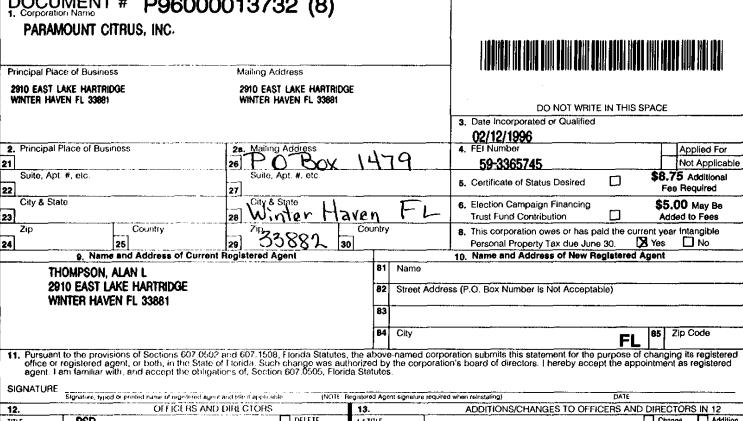
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013732 (8)

FILED Feb 27 1998 8:00am Secretary of State



SIGNATURE	Signature, typed or profest name of registered agent and title if applicable	(NOT: Registered Agent signature	s required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELE	TE 1.1 TITLE	Change Addition
NAME	THOMPSON, ALAN L	1.2 NAME	
STREET ADDRESS	2910 EAST LAKE HARTRIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	DELE	TE 2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	[
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-\$T-ZIP	_	2. 4 CITY-ST-ZIP	
TITLE	☐ DELE	TE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREFT ADDRESS	
CITY-ST-ZIP		3.4, CITY - ST - ZIP	
TITLE	DELE	TE 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREE1 ADDRESS	
CITY-ST-ZIP		4.4 CITY+ST-ZIP	
TITLE	DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELE	TE 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 certify that the information supplied with this filing does not qualify for the exemption steed 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 trusted 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 a admiss.

2-20-98

SIGNATURE: