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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
SACTION
REPORT
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State

1	1998	DIVISION OF CO	DRPORATIONS	Scorciary	or State
DOCUN 1. Corporation	Name	0051935 (0)			
ANH, IN	U.			t abberber and aband barra bears death contraction and	A) (1818 18186 1118) 81() 1887
Principal Place	of Business	Mailing Address		I (BB)(GB) (IN 19440 Bitis 8841 88111 88111 88111	A) (1818 1818¢ șilai âtă 98¢;
199 6TH ST. N.W. P.O. BOX 1847					
WINTER HAVEN FL 33881		WINTER FAVEN FL 33882		DO NOT WRITE IN THIS	SPACE
US		~ 00		3. Date Incorporated or Qualified	
				06/18/1996	
	ace of Businoss	2a. Mailing Address 7	99	4. FEI Number	Applied For Not Applicable
Suite, Apt. 6	# etc.	26 PD 130 X 1		59-34 16294	\$8.75 Additional
22	., .,	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	and Fl	6. Election Campaign Financing	\$5.00 May Be
23	1 0	28 WINTER HA	Country	Trust Fund Contribution	Added to Fees
Zıp 24	Country 25	338825	F	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	Yes No
24]	g. Name and Address of Curre	nt Registered Agent	99	10. Name and Address of New Registered	Agent
HAF	F, TULA M		81 Name		
WADELL AND READY, P.A.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
209 PALMETTO ST			83		
AUE	BRNDALE FL 33823				
			84 City	FL	B5 Zip Code
11, Pursuant t	o the provisions of Sections 607.050	22 and 607.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the purpose	of changing its registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig) of Florida. Such change was au jations of, Section 607.0505, Flori	ithorized by the corpo- ida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ag OFFICERS AN	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature red 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	HART, ROBERT H W		1.2 NAME		
STREET ADDRESS	199 6TH ST NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	DELETE	1.4 CITY - ST - ZIP	SEC	Change Addition
TITLE NAME		_ otten	2.2 NAME	DODING THUN HARF	
STREET ADDRESS			2.3 STREET ADDRESS	ROBURT H.W. HART 199 6Th ST. NW WINTER HAVEN, FL. 33	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	WIN rose HAVEN, +6.33	881-4630
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY+ST-ZIP	•	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY - ST - ZIP		T nei ete	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		C CHANGE C MODING
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information complied of	with this filing does not qualify for	6.4 CITY-ST-ZIP r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated	on this annual report or supplement	al annual report is true and accu	rate and that my signa	in Section 119.07(3)(i), Florida Statutes. I further a ature shall have the same legal effect as if made u equired by Chapter 607, Florida Statutes; and that	under oath; that I am an t my name applears _t in
Block 12	or Block 13 if changes, or of an att	achment with an address.	1) -	2- a - 11 - 1/ On	and illalate