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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054193 (3)

LA VITA		PRISES INC.		(,										
Principal Place of Business 209 ABBOTT AVENUE LEHIGH ACRES FL 33972				Mailing Address 209 ABBOTT AVENUE LEHIGH ACRES FL 33972						T ARBOIDDA DAN ARTON OLDO OBBOT BARKO BODAN DOLDA DERFA	PHAIL		I Iffil (ODF	
										DO NOT WRITE IN THIS S	SPACE			_
l									3.	Date Incorporated or Qualified 06/24/1996				1
2. Principal Place of Business				2a. Mailing Address								App	lied For]
21				26								Applicable	9	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State				City & State								5.00 May Be Added to Fees		7
Zip	7	Country		<u>'</u> ip	Co	untry	,		8.	This corporation owes or has paid the curr	rent ve	ar Inta	ngible	1
24	ľ	25	29		30						Yes		No	- [
	9. Name	and Address of Current	Registe	red Agent		<u> </u>			10.	Name and Address of New Registered	Agent			
i.A	NIER, ADRII	EN			-	81	Name	€						
209 ABBOTT AVENUE						82	Street	t Addras	s /P	2.O. Box Number is Not Acceptable)				\dashv
LEHIGH ACRES FL 33972							Olloo	. naaibt	10 (r	.o. box regrisor is not Accoptable)				
]						83								٦
						84	City				1551	Zip C		4
						54	City			FL	85	zip C	oue	
11. Pursuant office or agent. La	to the provisi registered ag am familiar wi	ions of Sections 607.0502 ent, or both, in the State of th, and accept the obliga	end 607 of Florida tions of, \$.1508, Florida Statut . Such change was a Section 607.0505, Flo	es, the a authorize orida Sta	bove ed by	e-named the co	d corpor rporation	ratior n's b	n submits this statement for the purpose of poard of directors. I hereby accept the app	chang	ging its ant as re	registered egistered	
SIGNATURE														l
12.	Signature, typed	or printed name of registered ager OFFICERS AND					ent eignatu	re required		ADDITIONS/CHANGES TO OFFICERS AND	DIDE	CTORS	11112	-lí
TITLE	P	OFFICENS AND	DINECT	DELETE	13. 1.1 I			-	<u></u>	ADDITIONS/CHANGES TO OFFICERS AND	Ch		Addition	,⊢;
NAME	LANIER, ADRIEN			<u></u>			1.2 NAME					ango.		
STREET ADDRESS							1.3 STREET ADDRESS							8
	LEHIGH ACRES FL 33972			1			1.4 CITY-ST-ZIP							Į
CITY-ST-ZIP TITLE	V	MONEO I E GOSTE		DELETE	2.1 T		i - ZIP	+	-		Ch	anne	Addition	.⊣8
I NAME	LANKER,	I A VITA			2.2 h			1			J. 511			1
STREET ADORESS		OTT AVENUE					ADDDECC							
1	CITY-ST-ZIP LEHIGH ACRES FL 33972						2.3 STREET ADDRESS 2. 4 City-St-Zip							
TITLE	LLT IION	MONEO I E SOSIE		DELETE	3.17		>1 - 411-	+			T] Ch	ange	Addition	\exists
NAME							3.2 NAME					• -		١
	STREET ADDRESS				3.3 \$1									
					3.3.51 34. Ci									1
CITY-ST-ZIP TITLE	 			DELETE 41 T			91 - ZIP	+] Ch	anne	Addition	\exists
NAME						AME		ĺ			,, VII	Bo		1
CYDEET ADDRESS	1						ADDDTOG	1						

CITY-S1-ZIP 14. I 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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 20 1998 8:00am

Secretary of State