SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

22

23

24

Zip

CITY-ST-ZIP



DOCUMENT # P96000069789 (1)

Country

AMERILAWYER CHARTERED

9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

FILED Aug 04 1997 8:00am Secretary of State

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

8. This corporation owes or has paid the current year Intangible

Trust Fund Contribution

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Yes Yes

E.A.R.S. FINANCIAL, INC.						
rincipal Place of Business	Mailing Address	L ARBITODI (AR ARINA BATAL BRATA BATAL BRATA	OOHIN OULD LOHAL LOODEL LOUID (311 100)			
26 AUGUSTA STREET AKELAND FL 33805	POST OFFICE BOX 3282 LAKELAND FL 33802					
		DO NOT WRITE IN THIS SPACE				
		 Date Incorporated or Qualified 08/21/1996 	3a. Date of Last Report			

Country

81 Name

30

343 ALMERIA AVENUE CORAL GABLES FL 33134			L					
			82	Street Address (P.O. Box Number is Not Acceptable)				
001	AL CADELOTE COTOY		83		· · · · · · · · · · · · · · · · · · ·			
				011		12.7		
			84	City	F	L 85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 and 607,150 egistored agent, or both, in the State of Florida. Suo im familiar with, and accept the obligations of, Secti	8, Florida Statutes, tl ch change was autho on 607.0505, Florida	he above orized by Statutes	the co	d corporation submits this statement for the purpose reporation's board of directors. I hereby accept the a	of chan	ging its ent as	registered registered
SIGNATURE		11			re required when relinstating) DATE			
12.	Signature, typod or printed name of registered agent and title if applications OFFICERS AND DIRECTORS		13.	nt signatu	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	UD DIBE	CTOR	2 IN 12
TITLE	PSTD		1.1 TITLE		ADDITIONS/GNARGES TO CIT IDENS A			Addition
NAME	LEWIS, WILLIAM		1.2 NAME					
STREET ADDRESS	926 AUGUSTA STREET		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33805	i	1.4 CITY-S					
TITLE			2.1 TITLE	1 611			nange	Addition
NAME		Ī	2.2 NAME			-	•	_
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP		3	2. 4 CITY - S					
TITLE			3.1 TITLE			C	nange	Addition
NAME		J	3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - 9	ST - ZIP				
TITLE		DELETE	4.1 TITLE			CI	ange	Addition
NAME			4. 2 NAME					
STREET ADDRESS		•	4.3 STREET	ADDRESS				
CITY-ST-ZIP	_		4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			C	nange	Addition
NAME			5.2 NAME					
STREET ADDRESS]	5.3 STREET	ADDRESS	s 			
CITY-ST-ZIP			5.4 CITY - S	1-2(P				
TITLE		DEFFLE	6.1 TITLE			CI	nange	Addition
NAME		1	6.2 NAME		1			
STREET ADDRESS		l l	6.3 STREET	ADORESS	.]			

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 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.