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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000074034 (5)**

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 6241 FORESTWOOD DR W LAKELAND FL 33811 LAKELAND FL 33811-2408					1					
						3. Date Incorporated or Qualified 09/03/1996	3a. Da	te of Last	Report	
2. Principal l	Place of Business	26. Mailing Addres	x549	9		4. FEI Number 65-06 95826			Applied For Not Applicable	
Suite, Apt	#. etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired			Additional Required	
City & Sta	de	City & State	nd Ci	tv F	7	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip 24	Country 25	29 33844	30	Country		8. This corporation has liability for	ıntangible			
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
ALE	BRITTON, WAYNE T		,	81	Name					
	1 FORESTWOOD DR W (ELAND FL 33811			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)			
				83	I			, 		
				84	City		FL	85 Z	p Code	
	To the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with and accept the ob-	ate of Florida Such change ligations of Section 607.05	Statutes, I was auth 505, Florida	rne above orized by a Statutes	the corpor	orporation submits this statement for the prairies acceptation's board of directors. I hereby accept	ot the app	ointment i	as registereo	
SIGNATURE	Signature, typical or product name of registered OFFICER'S A	agent and (c), if applicable	(NOTE: Re	egistered Age		ration's board of directors. I hereby acceptuding the property of the property	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. TITLE	Signature Typica in product name of regions and OFFICERS A	agent and to cit applicable	(NOTE: Re	egistered Age 13. 1.1 TITLE		quired when reinstaling)	DATE	···········	ORS IN 12	
SIGNATURI 12.	Squature typica of product name of registered OFFICERS A D ALBRITTON, WAYNE T	agent and (c), if applicable	(NOTE: Re	egistered Age	en evusanção fre	quired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. TITLE NAME	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846	agent and to a diappleable AND DIRECTORS DELE	(NOTE: Re	13. 1.1 Tifue 1.2 NAME	and signature rec	quired when reinstaling)	DATE	DIRECTO	ORS IN 12	
SIGNATURE 12. THEE NAME STREET ADDRESS CITY-ST-ZIP THLE	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D	agent and (c), if applicable	(NOTE: Re	13. 1.3 TIPLE 1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 TITLE	and signature rec	quired when reinstaling)	DATE	DIRECTO	DRS IN 12 e Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M	agent and to a diappleable AND DIRECTORS DELE	(NOTE: Re	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 City-S 2.1 TITLE 2.2 NAME	ant signature rec	quired when reinstaling)	DATE	DIRECTO Change	DRS IN 12 e Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-7IP TITLE NAME STREEL ADDRESS STREEL ADDRESS	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M	agent and to a diappleable AND DIRECTORS DELE	(NOTE: Re	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS T-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	DRS IN 12 e Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-7IP TITLE NAME	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A	agent and to a diappleable AND DIRECTORS DELE	(NOTE Re	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 City-S 2.1 TITLE 2.2 NAME	ADDRESS T-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 e	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-7/P TITLE NAME STREEL ADDRESS CITY-SL-7/P	D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A	agent and to oid applicable NDD DIRE CTORS DELE	(NOTE Re	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS T-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 e	
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SL-ZIP THE NAME STREEL ADDRESS CHY-SL-ZIP THEE NAME STREEL ADDRESS STREEL ADDRESS	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33846	agent and to oid applicable NDD DIRE CTORS DELE	(NOTE Re	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 e	
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33846	agent and to oid applicable NDD DIRE CTORS DELE	(NOTE: FA)	13. 1.1 TIPLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TIPLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TIPLE 3.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	ORS IN 12 e	
SIGNATURE 12. THEE NAME STREEL ADDRESS CHY-SL-ZIP THEE NAME STREEL ADDRESS CHY-SL-ZIP THEE NAME STREEL ADDRESS CHY-SL-ZIP	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33846	agent and text dappleable AND DIRECTORS DELE	(NOTE: FA)	13. 1.1 TIPLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TIPLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TIPLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change	ORS IN 12 e	
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME SIREET ADDRESS CHY-ST-ZIP TITLE	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and text dappleable AND DIRECTORS DELE	(NOTE: FA)	13. 1.3 TIPLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	quired when reinstaling)	DATE	DIRECTO Change Change	ORS IN 12 e	
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZP	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and to all applicable AND DIRE CTORS DELE DELE	(NOTE: FLO	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change	DRS IN 12 e	
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SL-ZIP THE STREEL ADDRESS CHY-SL-ZIP THE	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and text dappleable AND DIRECTORS DELE	(NOTE: FLO	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change	DRS IN 12 e	
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SL-ZIP THE STREEL ADDRESS CHY-SL-ZIP THE NAME	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and to all applicable AND DIRE CTORS DELE DELE	(NOTE: FLO	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME	ADDRESS IT-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS GT-ZIP	quired when reinstaling)	DATE	DIRECTO Change Change	DRS IN 12 e	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME STREEL ADDRESS	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and to all applicable AND DIRE CTORS DELE DELE	(NOTE: FLO	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change	DRS IN 12 e	
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SL-ZIP THE STREEL ADDRESS CHY-SL-ZIP THE NAME	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	agent and to all applicable AND DIRE CTORS DELE DELE	(NOTE: Fra	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change	DRS IN 12 e	
SIGNATURE 12. THE NAME STREEL ADDRESS CHY-SL-ZIP THE STREEL ADDRESS CHY-SL-ZIP THE STREEL ADDRESS CHY-SL-ZIP	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33848 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33848	AND DIRE CTORS DELE DELE	(NOTE: Fra	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 5.4 CITY - S 5.5 STREET 5.4 CITY - S 5.6 STREET 5.6 CITY - S 5.7 STREET 5.7 STRE	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	quired when reinstaling)	DATE	DIRECTO Change Change Change	DRS IN 12 e	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D ALBRITTON, WAYNE T P O BOX 549 N/A HIGHLAND CITY FL 33846 D ALBRITTON, EVA M P O BOX 549 N/A HIGHLAND CITY FL 33846	AND DIRE CTORS DELE DELE	(NOTE: Fra	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S 6.1 TITLE 5.6.1 TITLE	ADDRESS IT-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP	quired when reinstaling)	DATE	DIRECTO Change Change Change	DRS IN 12 e	

reormanay centry that the manifestant supplied with this first the first matter of the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the first monation 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 3 if changed, or on an attachment with an address.

SIGNATURE: