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

PROFIT CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # P96000078045

May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 044 ***150.00

	N, INC.								
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									41 i i i i i i i i i i i i i i i i i i i
Principal Place	e of Business	Mailing Address				1 (89)(89) (10 19)(8 8)(1) OB)(1 OB)	. 	18 B4 18 H1 B4141	31891 \$111 1881
203 N. LAKE PARK AVE. 1237 E. EDGEWOOD DR.									
LAKELAND FL 33803 LAKELAND FL 33803						SO VOT VIDIT	- IN 110	00405	
US		, US				DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						09/19/1996			-f F
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			plied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-3427500		\$8.75 A	t Applicable
					·	5. Certifcate of Status Desired -		Fee Re	
22 Cib. 8 East		City & State				& Floring Compaign Floring		\$5.00	
City & Stat		28				6. Election Campaign Financing Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intrv		8. This corporation owes the curre	nt vear Inta		
⊢ '	25	29	30			Personal Property Tax.		Yes	□No
24	9. Name and Address of Currer		1501			10. Name and Address of New Ro	gistered	Agent	
				81	Name			,	
	TE, PAUL A		1	82	Ctropt Addro	ss (P.O. Box Number is Not Acceptat			——
1237 E. EDGEWOOD DR.				02	Street Woote	ss (P.O. Box Number is Not Acceptat	ne,		
LAKELAND FL 33803				83					
ē					00			85 Zip (
				84		•	FL		İ
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove	-named corpo	ration submits this statement for the p 's board of directors. I hereby accept	urpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a stions of, Section 607,0505, Flo	authorized orida Stati	d by i utes.	the corporation	n's board of directors. I hereby accept	tne appoir	ilmeni as re	Jisierea
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,								Į.
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE		i Ageni	t signature required		DATE	D DIDECTO	DO 11 42
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition -
TITLE	P		. 1.1 म		\			["] Cliquide	
NAME	WHITE, PAUL A				1				
STREET ADDRESS			1.2 N/						
CITY-ST-ZIP	1237 E. EDGEWOOD DR.		1.3 \$1	TREET	ADDRESS				
	LAKELAND FL		1.3 ST 1.4 CI	TREET	Į.		····	Change	Addition
TITLE	LAKELAND FL VP	DELETE	1.3 ST 1.4 CI 2.1 TI	TREET ITY-ST	Į.		- J.W.	☐ Change	Addition
TITLE NAME	LAKELAND FL VP WHITE, MELINDA S	· DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/	TREET TY-ST TLE AME	T-ZIP		- PANE	☐ Change	Addition
TITLE	LAKELAND FL VP WHITE, MELINDA S 1237 E. EDGEWOOD DR.	. DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST	TREET TLE AME TREET	T-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKELAND FL VP WHITE, MELINDA S	-	1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TREET TLE AME TREET TREET	T-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAKELAND FL VP WHITE, MELINDA S 1237 E. EDGEWOOD DR.	☐ DELETE	1.3 ST 1.4 CI 2.1 Ti' 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 . C 4.1 TI' 4.2 N/ 4.3 ST 4.4 CI' 5.1 Ti' 5.2 N/ 5.3 ST 5.4 CI'	TREET TITY-ST TILE AME TREET TITY-ST TILE AME TREET TITY-ST TILE AME TREET TITY-ST TILE TREET TITY-ST TILE TREET TITY-ST TILE	T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP			Change	Addition Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: