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



FLORIDA DEPARTMENT OF STATE

FILED

Sep 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079206 (4)

Sulle, Apt. #, etc. Sulle, Apt. #, etc. 27	ATOZ LAPIC	DARY AND GEMS, INC).			LIABIRADI RA AANG ANG		AKA KEALA KERRAKAN BAKAT AKA REB
SSS N FIVE ACRE ROAD PLANT CITY FL 3356S PARTICITY FL 3356S DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Lest Report 09/23/1996 3. Date of Lest Report 09/23/1996 3. Date of Lest Report 1. Sulfe, April, etc. 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Sulfe, April, etc. 2. Sulfe, April, etc. 2. City & State Address of Current Registered Agent 3. Name and Address of Registered Agent 4. Registered Registered 4. Register	Principal Place of Bu	usiness	Mailing Address				(CORFE DIN TOUR D	ENV 16816 10110 11011 00110 6111 1031
3. Detail Procoporated or Qualified 3. Detail Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. City & State 3. Centificate of State Desired 4. Election Campaign Financing 5. Centificate of State Desired 6. Election Campaign Financing 7. Trust Fund Combulton Added to Fees 5. Country 8. This compression was on has paid the current year Interruption 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. District Agents 8. D				AD				
2. Principal Place of Business						100		~
2. Principal Place of Business 2. Maling Address 5. FEL Number 5. Feb. 5. Fe						1 '	Qualified 3	Sa. Date of Last Report
Suite, Apt. #, etc. 2	2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
City & State	n		26			59-34	0153	Not Applicable
City & State City & State City & City & State City & State			<u>}</u>		5. Certificate of Status I	Desired		
Trust Fund Contribution Added to Fees	City & State				6 Floring Community F			
Country Zap Country Zap 30 Country Personal Proposal Property Tax due until 20 Xes No No No No No No No N	23		⊢ ¬ ·		, ,			
Personal Property Tax due June 30. No.		Country		Count	гу			
BROCK, CHARLES W 5305 N. FIVE ACRE ROAD PLANT CITY FL 33565 83 84 City FL 85 Zip Code 11. Pursuant to the p	24	25				Personal Property Tax due June 30. 🗡 Yes 🗌 No		
S305 N. FIVE ACRE ROAD PLANT CITY FL 33585 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the portion of 1. Surface 607,0502 and 607, 108, Florids Solution. 12. OFFICERS AND DIRECTORS 13. Register Apprentice of the pursuant to the pursuant of the pursuant to			nt Registered Agent		<u> </u>	10. Name and Address	of New Regist	ered Agent
PLANT CITY FL 33585 88 88 88 City FL 85 Zip Code 11. Pursuant to the promisions of Surchain Scott Actives. The above-named corporation submits this statement for the purpose of changing its registered agent. Lam families with year occopit tipe obligations vis. Suph 607.8505, Floridal purpose of the promision of the promision of the purpose of the purpose of the purpose of the promision of the p				8	1 Name			
Bay					2 Street	Address (P.O. Box Number is No	t Acceptable)	
But	PLANT C	JIIY FL 33565		R	3			
11. Pursuant to the promision of 15 performs 607 0502 and 607 008. Florida Skitutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with and corporation of submits this statement for the purpose of changing its registered agent. I am familiar with and corporation of submits								
11. Pursuant to the puersions of Septials 607 0502 and 60	()			8	4 City			85 Zip Code
TITLE	SIGNATURE Signature				gent signature		D	DATE
12 NAME	TITLE			1.1 TOTLE			PT	
1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 C. Brook 1.5 STREET ADDRESS 1.5 STREET ADDRE	NAME			1.2 NAMI	[# 16 A	BRACE	
	STREET ADDRESS			1.3 STRE	et address	5805 N . Five A	cra Bal	•
	CITY-ST-ZIP		7-1 85. 440		- S1 - ZIP	PLANTELTY	F 4 1	
23 STREET ADDRESS 2.4 CITY-ST-ZIP 2.4 CITY	TITLE		☐ OFTEIE			∨, \$	_	Change Addition
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DELETE	í					5305 N. Five	Acre Ki	4. c
STREET ADDRESS	TITLE		DELETE			TIMBLE CITY	<u> </u>	Change Addition
CHY-ST-ZIP 34 CITY-ST-ZIP	NAME			3.2 NAMI	E			
DELETE	STREET ADDRESS			3.3 S1RE	et adoress			
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A 3 STREET ADDRESS A 4 CITY - ST - ZIP	TITLE	C) OFFEE		ľ				☐ Change ☐ Addition
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CITY-ST-ZIP 54 CITY-ST-ZIP ITLE DELETE 6.1 TITLE ☐ Change ☐ Addition	TITLE		DELETE	4.4 CITY				Change Addition
TITLE DELETE 6.1 TITLE Change Addition	TITLE NAME		☐ DELETE	4.4 CITY - 5.1 TITLE				Change Addition
		-	☐ DELETE	4.4 CITY 5.1 TITLE 5.2 NAMI				☐ Change ☐ Addition
NAME 62 NAME	NAME			4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	F1 ADDRESS			
	NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CITY: 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY: 6.1 TITLE	F1 ADDRESS S1-ZIP			

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stafed in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate any 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 reports 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 charged, or only althorhment with an adviress.