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

PROFIT
CORPORATION
ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094431 (9)

Principal Place of Business  743 MIRROR LAKES DR SUITE 102 LEHIGH ACRES FL 33936 US	Mailing Address  743 MIRROR LAKES DR SUITE 102 LEHIGH ACRES FL 33936 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		11/19/1996 4. FEI Number	
21	26 743 Mirror	Laken Dr.	65-0761652	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	Lunco		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	28 Lehioh Acr	e,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip C/	Country	8. This corporation owes or has paid the cur	
24 25	29 1-6	30 33936		Yes No
9. Name and Address of Cui	rent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
302 LEE BLVD. SUITE 102 LEHIGH ACRES FL 33936		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE Signature, typed or printed name of registered		Registered Agent signature requ	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE		Change Addition
NAME METZNER, HORST G		1.2 NAME		
STREET ADDRESS 302 LEE BLVD., SUITE 102		1.3 STREET ADDRESS		
CITY-ST-ZIP LEHIGH ACRES FL 33936	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIP		7.4.4.4
TOTLE D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME METZNER, SILVIA C		2.2 NAME		
STREET ADDRESS 302 LEE BLVD., SUITE 102 LEHIGH ACRES FL 33936		2.3 STREET ADDRESS		
TITLE SO LEHIGH ACRES FL 33936	DELETE	2 4 CITY- ST-ZIP 3 1 TITLE		☐ Change ☐ Addition
NAME GOERTZ, HILDEGARD A	CD octive	32 NAME		C pushings C vocation
STREET ADDRESS 743 MIRROR LAKES DR		33 STREET ADDRESS		
CITY-ST-ZIP LEHIGH ACRES FL		3.4. CITY - ST - ZIP		
TIFLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CFTY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		

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 each, 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 attackment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 T≀TLE

6.2 NAME

MATURE. Mid A MCOCCE

DELETE

-21-08

Change

**FILED** 

Feb 04 1998 8:00am

Secretary of State

2690000

Addition