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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	LAMBERT, P.A.					No.	. LEBALES ALB ANDE BALLA SALLA BALLA BALLA			
Principat Place	of Business	Maili	ing Address							
500 N.E. EIGHTH AVE OCALA FL 34470			500 N.E. EIGHTH AVE OCALA FL 34470-5345							
						3 1	Date Incorporated or Qualified	Sa D	ate of Last Re	enori
							2/17/1996			
2. Principal Pla	ace of Business	2a. N	Mailing Address			4.	El Number_		Ap	plied For
21		26		· · · · · · · · · · · · · · · · · · ·			<u> 59 - 3415424</u>	<u> </u>		t Applicable
Suite, Apt #	#, etc.		Suite, Apt. #, etc.			5. (Certificate of Status Desired		\$8.75 / Fee Re	
City & State	;	27	City & State	· · · · · · · · · · · · · · · · · · ·			Election Campaign Financing		\$5.00	
23		28	•				Trust Fund Contribution		Added t	
Zip	Country	2	?ip	Count	ry	8.	This corporation has liability fo	r intangible	tax under s.	199.032,
24	25	29		30	····		Florida Statutes		No	
	9. Name and Address of Curre	nt Registe	red Agent		1 Name/2		Name and Address of New R	egistered	Agent	
	ERT, BRIAN D			L	un		D. LAMBORU			
	S.E. 7TH AVENUE ROAD A FL 34480			8	2 Street Add		O. Box Number is Not Accepta	able)		
OOAL	N 1 E 04400			8						
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				1	'(/)	LALA		FL	. " " " "	7770
11. Pursuant t	o the provisions of Soctions 607.05 egistered agent or both, in the State	02 and 607	7.1508, Florida Stat	utes, the abo	ive-named cor	poration	submits this statement for the	purpose o	f changing it	s registered
agent. Far	n familiar with and accept the oblig	ations of	Section 607.0505, I	Florida Statut	ege :		sara of allocitors, i horogy acco	5/	10-	rogistorea
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	<i>y y</i>	gent and title if	applicable (N	OTE: Registered A	Onecom.	ired when r		DAYE	DIRECTOR	RS IN 12
	Stgrature typics of Julia name of registered as OFFICERS AN PAGE OFFT / DIRECTOR	ND DIRECT	applicable (N		agerit signature requ	ARDIO	DDITIONS/CHANGES TO OFF	W-77-64	DIRECTOR Change	RS IN 12
12.	PARIOENT/DIRECTOR BRIDENT D. LAMBERT	ND DIRECT	applicable (N ORS	OTE: Registered A	gert signature requ	Ared when r	DDITIONS/CHANGES TO OFF MY / DINGERM I O LAMBERT	W-77-64		
12. TITLE	PAGIORNY/DIAGRAPH Brind D. LAMBERT 500 N.E. 8th AVE	ND DIRECT	applicable (N ORS	OTE: Registered A 13. 1.1 TITLE 1.2 NAM	gert signature requ	Ared when r	DDITIONS/CHANGES TO OFF Mr/DIAGETM I D. LAMBERT V.E. BMAVE	W-77-64		
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