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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS								50		ıı y	OI D	iaic
DOCUI 1. Corporation R.E.A.L.												
HILIAIL				1 (14 (164) 117 (4))	 	1 1 1 1 1 1 1 1 1 1		NI 1881 1881				
Displace Displace Address												
Principal Place of Business Mailing Address 6835 FORESTWOOD DRIVE WEST 6835 FORESTWOOD DRIVE					MICOT:							
LAKEWOOD F		L MESI		6835 FORESTWOOD DRIVE WEST LAKEWOOD FL 33811					DO NOT WIDIT	er iki melik	CDACE	
							3. (Date Incorporat	DO NOT WRITE ed or Qualified	E IN THIS	SPACE	
								01/22/1997				
2. Principal Pi	lace of Busi	ness		2a. Mailing Address				FEI Number 59-343	1000		 '	oplied For
Suite, Apt.	#, etc.		Suite, Apt.	Suite, Apl. #, etc.							\$8.75	ot Applicable
22			27					Certificate of Sta	itus Desired			equired
City & State	9			City & State				6. Election Campaign Financing \$5.00 May Be				
Zip Country				Zip Cou			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible					
24		25 29 3				Personal Property Tax due June 30.						No
		and Address of Curre	nt Registered Agent		81	Name	10.	Name and Add	ress of New R	egistered	Agent	
LESTOURGEON, ROC C						Name						
6835 FORESTWOOD DRIVE WEST LAKEWOOD FL 33811						Street A	ddress (P.	O. Box Number	is Not Accepta	ible)		
D#/[410001]												
					84	City		~			85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida Such change was au						-named o	virnoration	eubmite this etc	tement for the	FL	of changing if	e registered
office or re	egistered ac	gent, or both, in the State ith, and accept the oblig	of Florida Such cha lations of Section 60	inge was aut	horized by	the corpo	oration's bo	pard of directors	. I hereby acce	pt the ap	pointment as	registered
SIGNATURE		,			ac ource							
	Signature, typico	or printed name of registered ag	ent and tille if applicable ID DIRECTORS	(NOTE F		ni signature re	equired when r		110E0 70 0FF	DATE	D DIDEOTOR	20 11 10
12.	D	OF TOE TO AIN		DELETE	13.			DDITIONS/CHA	NGES TO OFFI	CERS AN	Change	Addition
NAME	LESTOL	IRGEON, RON C			1.2 NAME		P, T,	נג, ג			•	
STREET ADDRESS 6835 FORESTWOOD DRIVE WEST					1.3 STREET	ADDRESS			N ₂ X			
CITY-ST-ZIP	LAKEW	OOD FL 33811			1.4 CITY- S	I-ZIP				·	7-7-22	
TITLE	c	1		DELETE	2.1 TITLE	j					☐ Change	Addition
NAME STREET ADDRESS	عمد	Attached	C 143		2.2 NAME 2.3 STREET	ADDRESS						
CITY-ST-ZIP					2.3 STREET 2.4 CITY-S	1						
TITLE				DELETE	3.1 TITLE	1-41		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET	ADDRESS						
CITY-\$T-ZIP					3.4. CITY - S	T-ZIP		·				
TITLE			∟ {	DELETE	4.1 TELLE	1					☐ Change	Addition
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STREET ADDRESS					4.3 STREET 4.4 City - St							
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NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY - \$1	- ZIP						
TITLE				ELETE	6.1 TITLE						Change	Addition
NAME					6.2 NAME							
STREET ADDRESS					63 STREET	address [

14. Thereby 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 of the regover or purple expowered 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 or an intechnical with an address.

FILED

May 11 1998 8:00am

Secretary of State

4.35.99