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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Feb 18 1998 8:00am Secretary of State

	JAL REPORT 1998			ecretary of State N OF CORPORA	TIONS	Scorciar	y OI St	acc
	MENT # P	9700001 OF CITRUS COU		(0)	e ^f			
Principal Plac	e of Business	Ma	iling Address					
7032 SOUTH FLORAL CITY	LLOYD TERRACE FL 34436	70	G2 SOUTH LLOY ORAL CITY FL :			· · · · · · · · · · · · · · · · · · ·	'''' 49 ''' 46'8 ; 1818 8	(0 8118) (1818 <u>(411</u> 1811
·			·			The Paris Month of Middle of Original	RITE IN THIS SPAC	DE
2. Principal P 21 4535	lace of Business South Flori		Mailing Addres		Ave.	03/04/1997 4. FEI Number		Applied 5
Suite, Apt.	#, etc.	27	Suite, Apt. #, et	lc.	<u> </u>	5. Certificate of Status Desired		Applied For Not Applicat
City & State 23 Inve		28	City & State Linverne	iss. Fl		8. Election Campaign Financine		3.75 Additional Fee Required
24] 3443	Countr	ry	^{Zip} 34450	30 (tr	15	8. This corporation owes or beau		5.00 May Be dded to Fees
	9. Name and Addre	ess of Current Regist		11/20	Nome :	Personal Property Tax due Jui 10. Name and Address of New F	ne 30. Yes	ear Intangible
703 FLC	CAS, PAUL W 32 SOUTH LLOYD TE ORAL CITY FL 34438	•		2 8 8	0100	SP. LUCAS A(P.O. Box Number is Not Accepte ACCEPTED TO THE PROPERTY OF T	Poad	
11. Pursuant to office or reagent. I as	to the provisions of Sec egistered agent, or bott m familiar with, and acc	tions 607.0502 and 60 n, in the State of Florid cept the obligations of,	7.1508, Florida a. Such change Section 607.05	Statutes, the nar was authory the 05, Florida s.	Ned corpora corporation	IL S tion submits this statement for the p s board of directors. I hereby accept	FL 85 purpose of changing the appointment	GACOde 94455 Ig its registered as registered
	Signature, typed or printed nam		applicable.	(NOTE: Regent sign	ature required wh	en reinstating)		;
TITLE	PST		DELE	TE	T	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
NAME STREET ADDRESS	LUCAS, PAUL W 7032 SOUTH LLO			I ADDRES	8741	Gospel Island (cross, Fl 34450	Channi لکار	e Addition
CITY-ST-ZIP TITLE	FLORAL CITY FL V	34430	☐ D€L€	ST-ZIP TE	Tove	iness, FI 34450	000	
NAME STREET ADDRESS CITY-ST-ZIP	LUCAS, PAUL 7032 SOUTH LLO FLORAL CITY FL			ADDRESS (ST-ZIP	9708	E. Woodmere (a)	Change	Addition
TITLE NAME			DELE	TE	1 100	Priness, FC 34450	-7431	
STREET ADDRESS				ADDRESS			Change	Addition
CITY-ST-ZIP TITLE			☐ DELE	ST-ZIP TE				}
NAME STREET ADDRESS				ADDRESS			Change	L.] Addition
CITY-ST-ZIP			DELE	iT-Z)P		 -		
NAME			عدد ليا	1			Change	Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS I-ZIP			•	La Robilion
TITLE			☐ DELE	TE]			170	
STREET ADDRESS				ADDRESS T-ZIP				Addition
14. I hereby of indicated officer or a Block 12 of	certify that the informatic on this annual report of director of the corporation or Block 13 if changed,	on supplied with this fill r supplemental annual ion or the receiver or tr or optin attachment w	ing does not que report is true ar ustee empower with an authors.	ialify tion stated in nd agat my signat red treport as rec	n Section 11: ure shall hav quired by Ch	9.07(3)(i), Florida Statutes. I further re the same legal effect as if made a pter 607, Florida Statutes; and tha	certify that the info under oath; that I a I my name appear	rmation im an s in