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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025024 (5)

FILED May 07 1998 8:00am Secretary of State

AL DIVIN	NOM IEON STSTEMS, INC	, .			
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		INDOK MISTIS COLINE TIDIH DIDI 1001
4500 US HWY 82 EAST 4500 US HWY 92 EAST					
LAKELAND FL 33801 LAKELAND FL 33801			DO NOT WOLF IN THE OPACE		
ŧ				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	IS SPACE
2. Principal F	Place of Business	2a, Mailing Address		. 03/11/1997 4. FEI Number	Applied For
21		26		59-3432319	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the o	
24	25 g. Name and Address of Curre		30	Personal Property Tax due June 30.	L Yes No
		ant negleteled Agent	81 Name	10. Name and Address of New Registere	a Agent
LEVY, BYERS			The state of the s		
4500 US HWY 92 EAST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ן י	KELAND FL 33801		83		
}			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nam office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
office or t	registered agent, or both, in the Statem familiar with and accept the obli-	le of Florida. Such change was a nations of Section 607.0505. Flo	uthorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	V B		Buerstrau	· Director 41	15198
Sidilations	Signature, typed a printed name of registered R	Dent and title if applicable (NOTE	Registered Agent signature requi	red when reinstating) DATE	1.01.10
12.	OFFICERS AI	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LEVY, BYERS	r. a=	1.2 NAME		
STREET ADDRESS	4429 ARLINGTON PARK DR	IVE	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKELAND FL 33801	DELETE	1.4 CITY - ST - ZIP		Character E Addition
NAME	WNEK, MICHAEL E	Otter	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	526 HILLSIDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL 33823				
TITLE	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	KNAPP, MARVIN J		3.2 NAME		
STREET ADDRESS	2003 SHORELAND DRIVE		3 3 STREET ADDRESS		
CITY-\$1-ZIP	AUBURNDALE FL 33823		34. CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		Change Addition
NAME	KNAPP, RANDALL L		4. 2 NAME		
STREE T ADDRESS	1510 N LAKE MIRROR DRIV	E, NW	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 C(TY-ST-ZIP		
TITLE	D	☐ DELFTE	5.4 TITLE		Change Addition
NAME	HERLONG, JERRY		5.2 NAME		
STREET ADDRESS	856 STRATFORD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, EDDIE		6.2 NAME		ļ
STREET ADORESS	5702 SCOTT LAKE HILLS LA	NF	6.3 STREET ADDRESS		İ

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 supplienental 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 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 attachment with an address.

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