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

PROFIT CORPORATION



FILED Mar 11 1998 8:00am

ANNU		Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
	MENT # P9700 INVESTMENTS & FINANC	00060252 (8) CIAL PLANNING OF FLO	RID				F 3131 1811
Principal Place	e of Rusiness	Mailing Address					1
•		931 SOUTH FLORIDA AV	CANIF		· ·		
831 SOUTH FLORIDA AVENUE 931 SOUTH FLORIDA AVENUE LAKELAND FL 33803 LAKELAND FL 33803					OO ALOT MEDITE IAL TURO	00405	
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					07/10/1997	•	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					59-3456363		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
City & State City & State					6, Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the cu		
24	9. Name and Address of Curri	29 ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered		No No
1 00	RPORATE CREATIONS		8	1 Name			
APARA ALIDEON V DONE OUTE AAA				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33647				1			
•				3			}
			8	4 City	F1.	85 Zip C	ode
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida, Such change was a	es, the abo authorized t	ve-named cor by the corpora	poration submits this statement for the purpose cation's board of directors. I hereby accept the ap	tchanging its	registered registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	orida Statuti	8S .			
SIGNATURE	Signatura, typied or printed name of registered a	igent and life if applicable (NOT	E: Registered A	gent signature requ	ired when rainstating) DATE		l,
12.			13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D DELETE		1.1 TITLE	.		Change	Addition
NAME STREET ADDRESS	CHASE, KNEELAND 931 SOUTH FLORIDA AVEN	N (C	1.2 NAME	ET ADDRESS			\ <u>{</u>
CITY-ST-ZIP	LAKELAND FL 33803	OL .	1.4 CITY-				15
TITLE			2.1 TIFLE			Change	Addition
MAME	228		2.2 NAME				
STREET ADDRESS	235		2 3 STRE	ET ADDRESS			
CITY-ST-ZIP	<u></u>		2.4 City 3.1 Title			Change -	- Addition
TITLE NAME			3.1 IIILE 3.2 NAME	- 1	•	C Complige	
STREET ADDRESS				ET ADDRESS			{
CITY-ST-ZIP			3.4. CITY	ľ			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM]			1
STREET ADDRESS				ET ADDRESS			į
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		_ : :	5.2 NAME			•	
STREET ADDRESS			5.3 STREE	ET ADDRESS			[
CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TITLE	i		L_] Change	Addition
NAME EXPECT ADDRESS			6.2 NAME	i			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY	ET ADDRESS			
14. I hereby c	ertify that the information supplied	with this filing does not qualify fo	or the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	information
officer or o	on this annual report or supplement director of the corporation or the re	ital annual report is true and accider or trustee empowered to a	urate and ti execute this	riat my signati s report as rec	ure shall have the same legal effect as if made un quired by Chapter 607, Florida Statutes; and that	my name app	Dears in

AND TYPED OFF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 686-