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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 13 1998 8:00am Secretary of State

	FINANCIAL OF LAKELAND			
Principal Place		Mailing Address		
4406 S. FLOR LAKELAND FL	IDA AVE SUITE 18 33813	4406 S. FLORIDA AVE., S LAKELAND FL 33813	SUITE 18	
OWED TO		DINEENID IE GOOTO		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address				07/18/1997 4. FEI Number 540 2 () Applied For
21		26		4. FEI Number 3459030 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		S8 75 Additional
27				5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28]	T 0	Trust Fund Contribution
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	25 Name and Address of Curre	nt Registered Agent	1301	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
cn.	JART, DAVID W		81 Name	
4408 S. FLORIDA AVE., SUITE 18			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
LAKELAND FL 33813			DZ CITOST AUG	1665 (1.6. Box Normber is Not Acceptable)
	, ,		83	
			84 City	85 Zip Code
				FL "
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered ag	mut and little if applicable (NOT	E: Registered Agent signature requir	red when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME			1.2 NAME	
STREET ADDRESS 4406 S. FLORIDA AVE., SUITE 18		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKELAND FL 33813	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME		[_] vection	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-S1-ZIP			2. 4 CITY-ST-ZIP	P
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TIFLE		L OCCUR	5.1 TITLE	Find Applied
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		<u> </u>	6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	i
	ertify that the information supplied	with this filing does not qualify for		Section 119 07(3)(i) Florida Statutes, I further certify that the information

Interest certify that the information supplied with this firm globes not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furner certify that the informatic indicated on this annual report or suppliemental 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.

SIGNATURE: