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**

Principal Place of Business	Mailing Address	
421 SOUTH PINE AVENUE OCALA FL 34474	421 SOUTH PINE AVENUE OCALA FL 34474	

FILED Feb 18 1998 8:00am Secretary of State

	IMENT # P97000 ICAN PROMOTIONAL EVENT	• •)			
Principal Pla	ce of Business	Mailing Address				
,	PINE AVENUE	421 SOUTH PINE AVEN	HE			
OCALA FL 3		OCALA FL 34474	UE			
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
6 Dringing	Place of Business	TA- 11-80 1-14		09/23/1997 4. FEI Number Applied For		
2. Principal 21	Flace of Business	2a. Mailing Address		The state of the s		
	21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			*0 75		
22				5. Certificate of Status Desired Fee Required		
	City & State City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29	30	Personal Property Tax due June 30. Yes No		
	9, Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent		
	CKS, DANIEL ESQ		Name			
	21 SOUTH PINE AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)		
Ų	CALA FL 34474		83			
			84 City	FL 85 Zip Code		
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the			tes the above-named			
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 ager	nt and title if applicable (NO	TE: Registered Agent signature	e required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELET E	1.1 TITLE	☐ Change ☐ Addition		
NAME	ANDERSON, TERRY C		1.2 NAME	, ,		
STREET ADDRESS	4511 HALTON DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FLORENCE AL 35630	·····	1.4 CITY - ST - ZIP			
TITLE	\$D	DELETE	2.1 TITLE	Li Change Li Addition		
NAME	DAUGHERTY, GERALD H		2.2 NAME	Av. 2		
STREET ADDRESS	202 N COURT STREET		2.3 STREET ADDRESS	· · · · ·		
CITY-ST-ZIP TITLE	FLORENCE AL 35630	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition		
NAME		C occert	3.2 NAME	C Change C Accution		
STREET ADDRESS						
CITY-ST-ZIP			3.3 STREET ADDRESS 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			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

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 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 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 for on an attachment with an address.

1-26-98