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

PROFIT . CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082551 (7)

		Mailing Address 2455 16TH BLVD NW OKEECHOBEE FL 34972	ailing Address 455 16TH BLVD NW		DO NOT WRITE IN THIS SPACE.		
					3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a. Mailing Address			09/22/1997 4. FEI Number		Applied For
21 0 70		26 2455 NW	16th E	3/10	65-0789513	 	lot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc 27			5. Certificate of Status Desired		Additional Required
City & Stato		City & State 28 Obeenhobee FI		6. Election Campaign Financing		May Be	
23 Obce	chobec FL Country	28 Oheechob	<i>ee</i> Country		Trust Fund Contribution 8. This corporation owes or has pai		to Fees
24 349		and the second of		SA	Personal Property Tax due June		∏ No
	9, Name and Address of Curre			,	10. Name and Address of New Reg	gistered Agent	
	ZENBURY, GREGG		81	Name			
	55 16TH BLVD NW KEECHOBEE FL 34972		62 Street Addr		lress (P.O. Box Number is Not Acceptab	le)	
UN	EECHODEE FL 34872		83				
			84			1-0 3	
				City		FL 85 Zip	Code
agent. La SIGNATURE	im familiar with, and accept the obli Signature typist or protect cares at rigisteres a	gations of Section 60 7.0505, f lo	rida Statuto:	3.	tion's board of directors. Thereby acception when reinstating)	DATE	
12.	OFFICERS A	DELETE 1.1			ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	BOZENBURY, GREGG		1.2 NAME				
STREET ADDRESS	2455 16TH BLVD NW		1.3 STREET	ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 CITY - S	11-7IP			
TITLE		☐ DELFTE	2.1 TITLE 2.2 NAME		Change		Addition
NAME				1000100			
STREET ADDRESS CITY-ST-ZIP			23 STREET 2 4 City - 1				
TITLE		DELETE	317016	21.11	···	Change	Addition
NAME			3.2 NAMÉ				
STREET ADDRESS			33STREE1	ADDRESS			
CITY-ST-ZIP		T proper	3.4. CITY - 1 4.1 TITLE	S1-ZIP			A Alabica
THE		☐ DELETE				Change	L Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.3 STREET				
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DESTE	5.4 CITY - S	T-21P		Change	Addition
TITLE		DECETE	6.1 TITLE	}		Change	M WOOIIIOII
NAME	1		6.2 NAME				

14. Thereby 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 suppliemental around 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.

6.3 STREET ADDRESS

FILED

May 18 1998 8:00am

Secretary of State