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 # P97000091951 (8)

FILED Apr 24 1998 8:00am Secretary of State

THE NA	ATIONAL HO		091931 (6)				
Principal Place of Business Mailing Address						- 1 10011002 158 1811 1601 0011 0011 0015 0015 1010 1010 10	
7818 LITHIA-PINECREST ROAD 7818 LITHIA-PINECREST RO LITHIA FL 33547 LITHIA FL 33547							DO NOT WOITE IN THIS SOACE
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
							i ·
2. Principal F	Place of Busines	ss	2a. Mailing Address				11/01/1997 4. FEI Number Applied For
21			26 PO BOY	710	1		534-60-8000 Not Applicate
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				SR 75 Additional
22			27 10 10 10 E				5. Certificate of Status Desired Fee Required
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be
23			28 LITHIA, IEC ZIP Country				Trust Fund Contribution
Zip		Country	7p				8. This corporation owes or has paid the current year Intangible
24	6 Name en	d Address of Current	29 33547	30 H/	u,	s boeouys	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
117			TOBISTOISM WAILE		81	Name	10. Harry and Adenage of Lots Lafterend Whent
)LMES, DENIS				_		
7818 LITHIA-PINECREST ROAD LITHIA FL 33547			82 S			Street Addre	ss (P.O. Box Number is Not Acceptable)
. UI	THA FL 33347				83		
					84	City	FL 85 Zip Code
SIGNATURE		nonted name of registered agent	and title if applicable (NO	TE Registered		y the corporations. S. ent signature required	······································
12.	00	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	MALIAPI T	L DELETE	TE 1.1 TITLE 1.2 NAME			Change Addition
NAME Street address	HOLMES, I	MICHAEL I A-PINECREST ROAD		ı		IDDOCO	
· ·	LITHIA FL			•		ADDRESS	
CITY-ST-ZIP TITLE	D	33341	DELETE	2.1 T/1		ST-ZIP	Change Addition
NAME	_	CLYDE JOHN JR.		2.2 NA			
STREET ADDRESS		IE AVENUE				ADDRESS	
CITY-ST-ZIP	LAKE CITY					ST-ZIP	_•
TITLE	ST		DELE te	3.1 717			Change Addition
NAME	HOLMES, I	DENISE L		3.2 NA	ME		
STREET ADDRESS		A-PINECREST ROAD		3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	LITHIA FL	33547		3.4. C	TY-\$	ST-ZIP	
TITLE			☐ DELETE	4.1 10			Change Addition
NAME				4. 2 N/			
STREET ADDRESS	1					ADDRESS	
CITY-ST-ZIP	ļ <u></u>		Doute	4.4 CI		T-ZIP	Change Addition
TITLE			☐ DELETE	5.1 TIT			Change Addition
NAME ATRICE ADDRESS				5.2 NA		Inharas	
STREET ADDRESS				- 6		ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CIT		1-ZIP	☐ Change ☐ Addition
NAME			Direit	6.2 NA		1	C) Orienge C Modelle
STREET ADDRESS						ADDRESS	
CITY ST-ZIP				6.4 CI			
W1 M1	,			a (ii	., .	**	

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 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, or on an attachment with an address.