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04-29-1999 90148 027 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/07/1998</b>	
4. FEI Number <b>59-3538202</b>	Applied For
	No. Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ARTMAN, STEPHEN H</b> <b>908 SOUTH FLORIDA AVENUE</b> <b>SUITE 102, COLONIAL BUILDING</b> <b>LAKELAND FL 33803</b>	81	Name	
	82	Street Address (P.O. Box: Number is Not Acceptable)	
	83		
	84	City	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 agent and title if applicable

(NOT E. Registered Agent signature required when reinstating

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTMAN, STEPHEN H	1.2 NAME	
STREET ADDRESS	908 S. FL. AVE., STE. 102, COLONIAL BLDG.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33803	1.4 CITY-STATE-ZIP	
TITLE	<del>Step. President / Director</del> <input type="checkbox"/> DELETE	2.1 TITLE	<del>Marleen Warren</del> <input checked="" type="checkbox"/> Addition
NAME	Marleen Warren	2.2 NAME	
STREET ADDRESS	5665 Harrell's Nursery Road	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Lakeland, FL. 33813	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michael Tew
STREET ADDRESS		4.3 STREET ADDRESS	4519 Selkirk Lane
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Lakeland, FL. 33813
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary-Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marleen Warren
STREET ADDRESS		5.3 STREET ADDRESS	5665 Harrell's Nursery Road
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Lakeland, FL. 33813
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 indicate I 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 with another like empowered.



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

941-688-5252

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (11/98)