PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087417

Corporation Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90148 027 ***150.00

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	Mailing Address			
Principal Flace of Business	Mailing Address	.u 4¢		
908 SOUTH FLORIDA AVENUE 908 SOUTH FLORIDA AV SUITE 102. COLONIAL BUILDING SUITE 102. COLONIAL BU LAKELAND FL 33803 LAKELAND FL 33803			DO NOT WRITE IN THIS SPACE	
CANCOND VE 00000			3. Date Incorporated or Qualifed	
			10/07/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	r
21	26		59-3538202 No. Applica	
Suite, / pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	ıl İ
22	27		Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	Ì
23	28		Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	1
24 25		30	Personal Property Tax. LJ Yes (No. 10. Name and Address of New Registered Agent	
9. Name and Address of Curi	ren: Registered Agent	81 Name		
ARTMAN, STEPHEN H				
908 SOUTH FLORIDA AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)	ļ
SUITE 102, COLONIAL BUILDING		83		
LAKELAND FL 33803		00		
		84 City	FL 85 Zip Code	
44 5	NEOC and 607 1609 Elevido Statute	oc the above-named	Lournaration submits this statement for the purpose of changing its register	ed
I office or registered agent or both in the Sta	ste cf Florida. Such change was au	uthorized by the corp	portition's board of directors. I hereby accept the appointment as registered	
agent. I am familiar with, and accept the obl	igations of, Section 607.0505, Flor	rida Statutes.		- 1
SIGNATUF:E Signature, typed or printed ha ne of registered	accest and title if applicable (NOT =	. Registered Agent signature	required when reinstating) DATE	. (
	agent une tiec ii appropole. (*** 2			
	ANI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
	AND DIRECTORS	13.		
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 1 on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 1 on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 1 on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 1 on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicate 1 on this annual report or supplied with the information indicate 1 on this annual report or supplied with the information indicate 1 on this annual report or supplied with the information indicate 1 on this annual report or supplied with the information indicate 1 on this annual report or supplied with an annual report is true and accurate and that my signature shall have the same legal effect as if made under curtify that it is annual report or supplied with the information indicate 1 on this supplied with annual report is true and accurate and that my signature shall have the same legal effect as if made under curtify that it is annual report or supplied with annual report or suppl

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

941-688-525

Daytime Phone

R2E034 (11/98)