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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01157

(4)

FILED Jan 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 550 AVE K SW 2112 TERRY LN AUBURNDALE FL 33823-4707 US						
				 Date Incorporated or Qualifie 09/20/1990 	ed 3a. Date of Last R 03/01/1996	eport
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number		pplied For
Suite, Apt	# oto	26	· · · · · · · · · · · · · · · · · · ·	59-3015668	No	ol Applicable
22 Suite, Apr	r, eu	27		5. Certificate of Status Desired	Fee Re	
City & Stat	0	City & State		6. Election Campaign Financing	g\$5.00	May Be
23		28	Country	Trust Fund Contribution	Added t	
Zip 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability Florida Statutes	for intangible tax under s. Yes No	. 199.032,
241	9. Name and Address of Cu		30	10. Name and Address of New		
MCD	ANIEL, C. RAY		81 Name			***************************************
	EAST MAIN STREET TOW FL 33830		82 Street A	ddress (P.O. Box Number is Not Accep	otable)	
			84 City		FL 85 Zip	Code
agent. La SIGNATURE. 12.	I'm ramiliar with and accept the o	bligations of, Section 607.0505, Flor	ida Statutes. Registered Agent a gnature r	corporation submits this statement for to pration's board of directors. I hereby ac equired when reinstating) ADDITIONS/CHANGES TO O	DATE	
TITLE	PD	DELETE	1.1 TITLE	PTD	Change	Addition
NAME	BOLTON, JOE		1.2 NAMÉ	BOLTON, JOE		
STREET ADORESS	2112 TERRY LANE AUBURNDALE FL		1.3 STREET ADDRESS		BURNDALE, FL.	33823
CITY-ST-ZIF TITLE	ST ST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	KX Addition
NAME	BOLTON, JOE		2.2 NAME	SD BOT TON LADDY		2111, 100 1101
STREET ADDRESS	2112 TERRY LANE		23 STREET ADDRESS	BOLTON, LARRY 3250 AVE. T, NW		
C 17 - S1 - ZIP	AUBURNDALE FL		2 4 CITY - ST - ZIP	WINTER HAVEN, FL. 338	181	
TITLE		☐ DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
STREFT ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP			
CITY-ST-7IP 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-7P			5.4 CITY-ST-ZIP			
THILE		DELETE	6.1 1ITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP			

I do 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 acqual report or suppremental 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 constration 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 12 in changed, or on an appear with an address.

SIGNATURE:

AY THE AND TYPE UN PRINTED WATER OF SIGNING OFFICER OR DIRECTOR

1-10-97

941-299-9966

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