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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED									
Feb 02	1998	8:00am							
Secre	etary o	of State							

	1998	1	DIVISION OF CORPORATIONS			Secretary of State						
	MENT # DA PAINT AN	SO4705		(7)				1		٦		
Principal Plac	e of Business		Mailing Ad	Idress								ili atou isal
	RLANE ROAD			Berlane Roat	)							
STE. 404 Tallahasse	EE FL 32312		STE. 404 TALLAHA	SSEE FL 32312	,			D	O NOT WRIT	E IN THIS	SPACE	
US			US				ŀ	3. Date Incorporated	or Qualified	-		
<b>A</b> Distribution <b>S</b>	Nana at Divisiona		J. On Mailling	A 44444				10/09/1990			<del></del>	
2. Principal P	lace of Business		2a. Mailing	Adoress				4. FEI Number 59-3037304			<del></del>	oplied For ot Applicable
Suite, Apt.	#, etc.			Apt. #, etc.				5. Certificate of Statu		Ø		Additional
22			27	51-1								equired
City & Stat	e		City & 1	State		•		<ol><li>Election Campaign Trust Fund Contrib</li></ol>		□	\$5.00 Added	May Be to Fees
Zip		Country	Zip		Country	,		8. This corporation of		aid the cu	rent year Int	
24	25		29		30			Personal Property				No
DE	9. Name and	Address of Current	Registered A	gent	81	Name		10. Name and Addre	s of New H	egisterea	Agent	
	15 TIMBERLAN					<u> </u>		- (O.O. Bay Musehasia	11-4 0	h.l.		
	309	- "			82	Street	Addres	s (P.O. Box Number is.	Not Accepta	ible)		
TA	ALLAHASSEE FI	_ 32312			83							
					84	City		<del></del>	·	FL	85 Zip (	Code
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508,	Florida Statute	es, the above	j s-namec	з сограга	ation submits this state	ment for the		f changing it	s registered
office or r agent. I a	egistered agent, m familiar with, a	or both, in the State o nd accept the obligati	f Florida. Such ons of, Sectior	change was a 1 607.0505, Flo	uthorized by rida Statute:	the cor s.	poration	ation submits this state 's board of directors. I	hereby acce	pt the app	ointment as	registered
SIGNATURE												
12.	Signature, typed or pri	OFFICERS AND		e. (NOTE	Registered Age	ent signatur	e required	when reinstating) ADDITIONS/CHANG	ES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1 TITLE		4				X Change	Addition
NAME	BETTINGER				1,2 NAME		Jan	nes Betting	er			
STREET ADDRESS		ERFIELD CIR			1.3 STREET			3 Dogwood	างห	_		ļ
CITY-ST-ZIP	TALLAHAS	EE FL		DELETE	1.4 CITY - S	T-ZIP	Tal	hobassee Fi	3231	<del>2_</del>	Change	Addition
TITLE NAME	BETTINGER	.HILES		LI DELCTE	2.1 TITLE 2.2 NAME		17				LZT Grange	- Addition
STREET ADDRESS		ERFIELD CIR			2.3 STREET	ADDRESS	2.00	lie S. Betti 3 Dogwood	HA II			
CITY-ST-ZIP	TALLAHASS				2. 4 CITY-		Tal	whassee, FL	32312	_		
TITLE				DELETE	3.1 TITLE						Change	Addition
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREET	address	l					İ
CfTY - ST - ZIP				DELETE	3.4. CITY - 5	ST-ZIP					☐ Change	Addition
TITLE			,	DELETE	4.1 TITLE						Grange	☐ ¥ddiddii
NAME STREET ADDRESS	:				4. 2 NAME 4.3 STREET	ADDDESS	}					ľ
CITY-ST-ZIP					4.4 CITY-S		İ					ļ
TITLE				DELETE	5.1 TITLE	) - <u>L</u> I)			<u></u>		Change	☐ Addition
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET	address						
CITY-ST-ZIP				1	5.4 CITY-S	T-ZIP					T-0:	1 1 2 2 2 2 2 2
TITLE			1	DELETE	6.1 TITLE						L Change	☐ Addition
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET							
CITY-ST-ZIP 14. I hereby o	ertify that the info	rmation supplied with	this filing doe	s not qualify fo	6.4 CITY-S r the exemp	tion state	L ed in Se	ction 119.07(3)(i), Florid	a Statutes. I	further ce	rtify that the	information

Intereoy carrily mat the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(1), Horida Statutes. I further certify that the information indicated on this annual report of supplemental annual report 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, by on an attact their with an address.