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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 15 1998 8:00am Secretary of State

	1998		DIVISION OF CORF		PORATIONS			Secretary of State		
DOCUI 1. Corporatio ASTAK	MENT # n Name , INC.	S15895		(3)						
									BiBif 42821 81811 B'	
Principal Plac			Mailing Addre							
29949 SR 54			29949 SR 54							
WESLET CHA	APEL FL 33543		WESLEY CHA	PEL FL 33343				DO NOT WRITE IN TH	IS SPACE	
ĺ								3. Date Incorporated or Qualified		<del></del>
								11/14/1990		
2. Principal P	face of Business		2a. Mailing Ad	dress				4. FEI Number	<del> 1</del> /	Applied For
21			26					59-3043457	1	Vot Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27					5. Certificate of Status Desired	Fee F	Required
City & State	е		City & Stat	•			-	6. Election Campaign Financing		May Be
23			28					Trust Fund Contribution	Added	d to Fees
Zip	⊢	Country	Zíp	-	Country	'		8. This corporation owes or has paid the		
24	25	Address of Current	29 Bosistored Asset	30	<u> </u>			Personal Property Tax due June 30.  10. Name and Address of New Register		□No
Dil			negistered Agen	<u> </u>	81	Name		10, Name and Address of New Register	ed Agent	<del></del>
	NN, R ELLIOTT				82					
29949 STATE RD 54 W WESLEY CHAPEL FL 33543						Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
""	OLLI OIM LL	1 2 00040			83					
					84	City		E	<b>FL 85</b> Zip	Code
11. Pursuant office or reacent La	to the provisions of egistered agent, of m familiar with an	of Sections 607.0502 or both, in the State of	and 607.1508, Flo f Florida, Such chi	rida Statutes, tange was auth	the above orized by a Statutes	named the corp	corpor	ration submits this statement for the purpos n's board of directors. I hereby accept the	e of changing appointment a	its registered s registered
SIGNATURE	THE PARTY OF THE PARTY OF	e accept the congan	0.10 0., 000401. 00		. 0	•				ľ
	Signature, typed or print	ed name of registered agent		(NOTE, Re	gistered Age	nt signature	required	when reinstating) DAI		
12.	DI/C	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVS KIMBALL, JA	MEC T	Ц	DELETE	1.1 TITLE	1			Change	☐ Addition
name Street address	29949 S.R. 5			,	1,2 NAME 1,3 STREET		· ·			ļ:
,	WESLEY CH									li i
CITY-ST-ZIP TITLE	T	***************************************	<del></del>	DELETE	1.4 CITY - ST	1-417			Change	Addition
NAME	KIMBALL, JA	MES T	_		2.2 NAME				<u></u>	
STREET ADDRESS	29949 S.R. 5				2.3 STREET	ADDRESS				
CITY-SY-ZIP	WESLEY CH	APEL FL			2. 4 CITY-S	1				
TITLE				DELETE	3.1 TITLE				Change	☐ Addition
NAME				ŀ	3.2 NAME					ļ
STREET ADDRESS					3.3 STREET	ADDRESS				]
CITY - ST - ZIP					3.4. CITY - S	T-ZIP				
TITLE			الجا	DELETE	4.1 TITLE	ļ			Change	Addition
NAME					4. 2 NAME					1
STREET ADDRESS					4.3 STREET					1
CITY-ST-ZIP				DELETE	4.4 CITY - ST	I-ZIP			Change	Addition
TITLE NAME			ш,		5.1 TITLE 5.2 NAME				onange	
STREET ADDRESS					5.3 STREET	ADDRESS				1
CITY-ST-ZIP				1	5.4 CITY-ST	J				)
TITLE		<del></del>		DELETE	6.1 TITLE				Change	☐ Addition
NAME				i	6.2 NAME	[				
STREET ADDRESS				į	6.3 STREET	ADDRESS				}
CrTY - ST - ZIP					6.4 CITY-ST					
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I. Thereby 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 certify that the informatio 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.

SIGNATURE:

LENATURE LEGUESO

PRES. 1

8 813-973730