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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

i corporation	MENT # S10 DA NAME LA TEMPLES INTERIO		(0)					
Principal Place of Business Mailing Address							l	
7652 ASHLEY PARK COURT 3300 S. HIAWASSEE RD								
SUITE 306 SUITE 101					DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32835 ORLANDO FL 32835					3. Date Incorporated or Qualified			
						11/28/1990		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For	=	
21			26			59-3047206 Not Applica	ible	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	$i \square$	
City & State			City & State			Fee Required		
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	-	
Zip	Country		Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	├ ──			30		Personal Property Tax due June 30. X Yes No		
	9. Name and Address of	f Current Regist	ered Agent			10. Name and Address of New Registered Agent		
CLARK, RONALD L.					Name			
4740 CLEVELAND HEIGHTS BLVD.				82	Street A	Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33803								
				83				
				84	City	85 Zip Code		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes					a-named (FL 63 20 0000	od	
office or r	registered agent, or both, in t	he State of Florid	a. Such change was Section 607.0505. F	authorized by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	đ	
SIGNATURE								
12.				TE: Registered Age	ent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSP DELETE		1.1 TITLE		Change Addit	tion		
NAME	MCMULLEN, PAMELA R		1,2 NAME					
STREET ADDRESS	134D			1,3 STREET	ADDRESS			
CITY - ST - ZIP	ORLANDO FL			1.4 CITY - S	T-ZIP			
TITLE	VP X DELETE		2.1 TITLE		Change Addit	ion		
NAME	MCMULLEN, EDWIN H SR		2.2 NAME			ļ		
STREET ADDRESS			2.3 STREET					
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-5					
TITLE NAME	TI DEFESTE		3.1 TITLE 3.2 NAME		VP-Finance Change X Addition Change Change	ıon		
STREET ADDRESS	s		3.3 STREET	Annosee	Sharon Vance russ Ashley Park Ct. ste 306			
CITY-ST-ZIP				3.4. CITY - S	T. 71P	OHando, FL 32835		
TITLE			☐ DELETE	4,1 TITLE	,	VP-Opphositors Change Additi	ion	
NAME				4. 2 NAME	l,	Kelly Brandi	İ	
STREET ADDRESS				4.3 STREET	ADDRESS	Kelly Brandi 7652 Ashley Park Ct. Ste 306 Orlando, FL 32835		
CITY - ST- ZIP				4.4 CITY-S	T-ZIP	0Hando, FL 32835		
TITLE	☐ DELETE		5.1 TITLE		Change Additi	ion		
NAME				5.2 NAME				
STREET ADDRESS	s [5.3 STREET					
CITY-ST-ZIP	DELETE		5.4 CITY - S	T-ZIP	Change Australia			
TITLE NAME			T DETEIC	6.1 TITLE	- }	Change Additi	.un	
STREET ADDRESS				6.2 NAME 6.3 STREET	ADDRESS		ļ	
CITY-ST-ZIP								
	ertily that the information sur	oplied with this fill	ng does not qualify f	6.4 CITY-S or the exemp		d in Section 119.07(3)(i), Florida Statutes, I further certify that the information	20	

14. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information 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:

LUCAUV as REQUIRVP

1-21-99

(407)298-9484