## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation COMM		` '							
402 S. KENTUCKY AVE 4TH FLOOR LAKELAND FL 33801		Mailing Address PO BOX 3665 LAKELAND FL 3380 US	PO BOX 3665 LAKELAND FL 33802						
U\$						3. Date Incorporated or Qualified 02/28/1991	3a. Date	of Last Ro 75/10/19	995
2. Principal Place		<b>2a.</b> Mailing Address				4. FET Number 59-3069956		-	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.0	May Be
Zıp 24	Country 25 2	<i>Σ</i> <sub>Ι</sub> ρ	Cour 30	ntry		8. This corporation has liability for Florida Statutes Yes	r intangible ta		· ·
	9. Name and Address of Current Re	gistered Agent		<b>61</b>	N1	10. Name and Address of New	Registered /	gent	
SUTTO	N. CARLOS K.			81	Name				
SUTTON, CARLOS K. 402 S KENTUCKY AVE 4TH FLOOR				82	Street Addre	reel Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33801			}	84	City			85 Zı	o Code
11. Pursuant to or registere	the provisions of Sections 607.0502 and diagent, or both, in the State of Florida S	607.1508 Florida Statu uch change was authori	ites, the abovized by the c	l. ve na orbo	amed corpora	alion submits this statement for the pi	FL urpose of cha pointment as	nging its requistered	egistered offic
tamilar with SIGNATURE	i, and accept the obligations of, Section 6	07.0505, Honda Statute	95					-3	
12.	Signatine: typed or protectinal set of registeric agential of size OFFICE RSIANDIDIF		V°Er Euspatared ■ 13.	A, perit	arginal at the letter."	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIBECTO	HS IN 12
TITLE	PD	DELEJE	1 1 Tr	 TLF		7.6577676767777666776767		] Change	Add tion
NAME	SUTTON, CARLOS K.		1 2 NA	ME					
STREET ADDRESS	402 S KENTUCKY AVE #400		13 SF	REELA	ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1401		- ZIP				
TITLE		DETE LE	2 1 7					] Change	Addition
NAME			2 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		[] DELETE	2 4 0 1		ZIF			1 Change	Addition
NAME			3 2 NA				<u>.</u>	_ ↑ .aa	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			34 (2)		i				
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STREET ADDRESS			4351	REELA	ADDRESS				
CITY - ST - ZIP			4.4.0-1	γ-\$T	· ZIP				
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NAME			5.2 NA	Mi	}				
STREET ADDRESS			53 \$1	RE: 1 A	ADDRESS				
CITY - SY - ZIP			54.0:1		- ZiP			_	
TITLE		DELETE	6 1 1					] Change	☐ Addition
NAME			6.2 NA	ME	1				

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 mane appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR K. S. 4 HON 5/7/96

941-683-1995