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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$77104

(5)

FILED May 16 1997 8:00am Secretary of State

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HARRINGTON, ROBERT 913A US 27 SOUTH AVON PARK FL 33825 11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, this above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was exhibitived by the corporations board of directors. I hereby accept the appointment as registered opens, or both, in the State of Florida. Such change was exhibitived by the corporation submits this statement for the purpose of changing its registered opens, or both, in the State of Florida. Such change was exhibitived by the corporations board of directors. I hereby accept the appointment as registered opens, and accept the obligations of Socion 607 0005, Florida Statutes. SIGNATURE 12.		<u>⊢</u> ₁ .	h				·				. 199.032,	
913A US 27 SOUTH AVON PARK FL 33825 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,050/2 and 607,1508, Florida Statutes, tive above -named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE True Of Fice is AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME SIRRET ADRESS OTV-51-2P HARRINGTON, ROBERT 420 APPROOSA RD SEBRING FL DELETE 1.3 STHET ADRESS SEBRING FL 1.3 STHET ADRESS SEBRING FL 2 2 NAME 3 2 NAME 3 2 NAME 3 2 NAME 3 3 STREET ADRESS SEBRING FL DELETE 1.1 TITLE NAME 3 2 NAME 3 3 STREET ADRESS SEBRING FL Change Addition Addition Change Addition Addition Addition Addition Addition AME SIRRET ADRESS SEBRING FL DELETE 1.1 TITLE Addition Addit				.1271			10					1
AVON PARK FL 33828 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in this cited of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the first with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OF LICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 1.1 TITLE D ARRINGTON, ROBERT 1.2 NAME HARRINGTON, LORRAINE M. 22 NAME SIREET ADDRESS SEBRING FL 1.4 CITY-ST-ZIP TITLE D DELETE 21 TITLE D Change Addition City-ST-ZIP TITLE D Change Addition Change Change Addition Change Change Addition Change Chan				:	61	Name						
B4 City					82	Street Add	dress I	P.O. Box Number is Not Accepta	ble)			
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Florida Statutes, tirk above, named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and the disriptionals (NOTE Registered Agent, signature required when reinstating) (NOTE Registered Agent, signature requ	AVU	N PAHK FL 33825		ŀ	83				.			1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Total Carlot Car				Ĺ								
SIGNATURE SIGNATURE Signature. Typind or printed name at represent agent and title it applicable. (NOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS IN 12. TITLE DHARRINGTON, ROBERT 12. NAME STREET ADDRESS CITY-ST-2IP TITLE D SEBRING FL 12. THE CARRINGTON, LORRAINE M. 22 NAME STREET ADDRESS SEBRING FL 23. STREET ADDRESS SEBRING FL 33. STREET ADDRESS SEBRING FL 34. STREET ADD					84	City			FI	85 Zip	Code	
Signature - typed or printed name of registrate gent and title if applicable (NOTE Registrate Agents signature troquired when roinstatung) DATE	agent. I a	to the provisions of Sections 607.056 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was pations of, Section 607.0505, F	tes, the ab authorized lorida Stati	pove d by ules.	named co the corpor	rporati ation's	on submits this statement for the board of directors. I hereby acco	purpose o pt the app	changing i cintment as	ls registered registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME HARRINGTON, ROBERT \$TREET ADDRESS CHY-ST-ZIP SEBRING FL DELETE 1.3 STREET ADDRESS CHY-ST-ZIP TITLE D DELETE 22 NAME 22 NAME \$TREET ADDRESS CHY-ST-ZIP TITLE DELETE 3 TITLE NAME \$TREET ADDRESS CHY-ST-ZIP TITLE NAME \$TREET ADDRESS CHY-ST-ZIP TITLE DELETE 3 TITLE Addition AME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 4 TITLE ADDRESS CHY-ST-ZIP TITLE ADDRESS CHY-ST-ZIP TITLE ADDRESS CHY-ST-ZIP TITLE ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Addition Addition Addition Addition Addition	SIGNATURE	Signature, typed or printed name of registered ag	(NO pict and title it applicable	II Registered	Age	n; signature req	uired wh	en roinstaling)	DATE			
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CITY-\$1-ZIP 64 CITY-\$1-ZIP 64 CITY-\$1-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the	TITLE NAME		DELETE	\$.4 CH 6.1 TH 6.2 NA	TY-ST ILE IME	- ZIP	Mare 12 - 17			Change	Addition	

4. I do hereby 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or discription of this proportion of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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GREAT HARRING L

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