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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998			Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State
DOCUI			82579	(1)				
DEOIC	JEVIIE IM	II/IC; IIIC	, .					
Principal Plac	e of Business	5	N	failing Address			···· · · · · · · · · · · · · · · · · ·	
31 LA CASA ST. LEESBURG FL 34748 US			l	31 LA CASA SR. LEESBURG FL 34748 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
		···						09/24/1991
2. Principal P	Place of Busin	ess	 	. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.			26]	Suite, Apt #, etc.				59-3083488 Not Applicable \$8.75 Additional
22	#, Oto.		27	Oute, Apr #, bto.				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	7	Country	····	Zφ	Cou	untry		This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
	9, Name	and Addre	ss of Current Regis	stered Agent				10. Name and Address of New Registered Agent
	ST, CAROL					81	Name	
31 LA CASA ST.						82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
LEESBURG FL 34748						83		
						84	City	FL 85 Zip Code
11. Pursuant	to the provisi	ons of Sect	ions 607.0502 and 6	607.1508, Florida Statu	utes, the a	bove	-named co	
agent. I a	registered agi ım familiar wit	ent, or both	i, in the State of Flori ept the obligations o	Section 607.0505, F	lorida Sta	tutes	ine corpo i.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		020	H K. K	21				4/3/28
12,	Signature, typed-		of registered agent and till FFICERS AND DIRE		TE: Registere	ed Age	nt signature re	equired when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		TIOCHS AND DINE	DELETE	1.1 T	ITLE		Change Addition
NAME		OLAND W			1.2 N			— · — ·
STREET ADDRESS	31 LA C				1.3 S	TREET	ADORESS	
CITY-ST-ZIP	LEESBUI	rg fl			1.4 0	ITY-S	T-ZIP	
TITLE	VPD			DELETE	2.1 7	ITLE		☐ Change ☐ Addition
NAME	BEST, C				2.2 N			
STREET ADDRESS	31 LA C/				1		ADDRESS	
CITY-ST-ZIP TITLE	LEESBUI	HU FL		DELETE	2 4 C	DITY-S	ST-ZIP	Change Addition
NAME	•			_ occur	3.2 N			Change - Acciton
STREET ADDRESS							ADDRESS	
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STREET ADDRESS						VAME		·
J					4		ADDRESS	·
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CITY-ST-ZIP TITLE NAME				☐ DELETE	4.3 S 4.4 C 5.1 TO 5.2 N	TREET HY-ST HLE IAME	T-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TIFLE NAME STREET ADDRESS				□ DELETE	4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TREET	T-ZIP ADDRESS	Change [_] Addition
CITY-ST-ZIP TITLE NAME				☐ DELETE	4.3 S 4.4 C 5.1 TO 5.2 N 5.3 S 5.4 C	TREET ITY-ST ITLE IAME TREET	T-ZIP ADDRESS	☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TREET. ITY-SI ITLE IAME TREET. ITY-SI ITLE IAME	T-ZIP ADDRESS	

14. I hereby certify that the information supplied with this filing 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 supplimental 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 of on an attachment with an address.

SIGNATURE:

FILED

Apr 14 1998 8:00am