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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11548

(7)

FILED May 13 1997 8:00am Secretary of State

MARINE Principal Place 1321-A 77TH 8' PALMETTO FL	LABOR, INC. se of Business TREET EAST	Mailing Address PO BOX 192 TERRA CEIA FL 34250-018			
		US		3. Date Incorporated or Qualified 02/04/1992	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0311606	Applied For
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25 Country	29	30	This corporation has liability for Florida Statutes	intarigible fax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Currer		1301	10. Name and Address of New Re	
GRUTZNER, SUZANNE 1321-A 77TH ST.E: ROBICZ PALMETTO FL 34221 Tella Ceia, Fl, 34250 BE				ress (P.O. Box Number is Not Acceptate	FL 85 Zip Code 342 50
11. Pursuant office or agent. I a	to the provisions of Sections 607.05.0 registered agent, or both, in the State am familiar with, and accept the oblig-	2 and 607.1508. Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	tes, the above-named corn	poration submits this statement for the plion's board of directors. I hereby acceptions	ourpose of changing its registered
	Signature typed or printed name of registrified ago		IE Registered Agent signature requir		DATÉ
12.	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GRUTZNER, SUZANNE	C otteri	1.2 NAME	112	Change Co Monton
STREET ADDRESS	1321-A 77TH STREET EAST		1.3 STREET ADDRESS		\{
CITY-ST-ZIP	PALMETTO FL		1.4 C(1Y - ST - ZIP		<u> </u>
TITLE		☐ DELETE	217111.6		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 City-St-7iP 3.1 Title		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIF		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - 7IP 5.1 TITLE		☐ Change ☐ Addition
NAME	İ		5 1 MILE 5 2 NAME		C Guange C Moulton
STREET ADDRESS			5 2 MAINE 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS)	^	6 3 STREET ADDRESS		ì
CITY-ST-ZIP		$-\Delta$	6.4 CHY-ST-ZIF		

4. I do hereby certify that the information supplied with this functions not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplementally dual 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 diproration or the decempental 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 approximent with an address.

CICMATUDE.

m & lafmul

1/19/91