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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M1Q1Q2

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90044 020 ***150.00

1. Corporation	Mame NT OF AMERICA. (NC	•						
12. (** 1. *								
Principal Plac		Mailing Address						4 11 818 41 1881
P. O. BOX 925		P. O. BOX 92556					_	
LAKELAND FL		LAKELAND FL 33804-2556		•				
					<u> </u>	T WRITE IN TH	IS SPACE	
	•			•	3. Date Incorporated or Q 03/03/1992	ualifed	<u>ئ</u>	ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		, Apr	lied For
21		26		·	59-3113697	t .		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired 🔲	\$8.75 A Fee Red	
City & Stat	e	City & State			6. Election Campaign Fina	ancing _	\$5.00	May Be
23		28			Trust Fund Contribution	<u>'</u>	Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes t	-		
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	8.	I Name	10. Name and Address of	New Registere	a Agent	,
HALI	LOCK, DAVID D.JR.		Ľ	Name			· ; ē,	у́. Эг т
	LOCK, DAVID D JR.		82		ess (P.O. Box Number is Not	Acceptable)	7 100 67 100 68	en la la ca
LAKI	ELAND FL 33801		8:	3	· · · · · · · · · · · · · · · · · · ·			生细菌
,			84	1 City		F	L 85 Zip C	ode
44 8	N				aration submits this statement			- Increding
. i Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	tes, the above	ve-named corpo	oration submits this statement	ioi ille buibose	or changing no	edistered /
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Florida	tes, the above authorized by orida Statute	ve-named corpo y the çorporations.	on's board of directors. I hereb	y accept the app	ointment as reg	istered
	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state	2 and 607.1508, Florida Statut of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the above authorized by orida Statute	ve-named corpo y the corporations.	on's board of directors. I hereb	y accept the app	ointment as reg	egistered
office or ragent. I a	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Age	•	d when reinstating)	DATE	^	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	Registered Age	ent signature required	· · · · · · · · · · · · · · · · · · ·	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	Registered Age	ent signature required	d when reinstating)	DATE	^	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D BASS, STUART	nt and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D BASS, STUART P.O. BOX 92556 N/A	nt and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ent signature required	d when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D BASS, STUART	nt and title if applicable. (NOTE ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature required	d when reinstating)	DATE	AND DIRECTOR	RS IN 12
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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 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 or an attachment with an olders, with all other like empowered.

SIGNATURE: