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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT # V58068** (0)

**FILED** Apr 11 1997 8:00am Secretary of State

2. Principal Place of Husinoss   2a. Making Address   4. Fet Husinoss   58.7 (2. E. S. E.					Mailing Address 513 S SCENIC HWY LAKE WALES FL 33853-4833				13 S SCENIC HWY 513 S			
Suito: Apt. # etc.    Suito: Apt. # etc.   Suito: Apt. #. etc.   S		3n. Date of Last F 03/13/1996										
Surio, April, M. etc.    Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio, April, M. etc.   Surio	Applied For Not Applicable	<del></del>					g Address	}¬ `	85	lace of Busines	1	
City & State    City & State	SR 75 Additional					Suite, Apt. #, etc.			Suite Apt. # etc			
Zip	00 May Be	\$5.00			· · · · · · · · · · · · · · · · · · ·		State	City &		e	City & Stat	
9. Name and Address of Current Registered Agent  ATAYLOR, ROLAND 0. 513 S SCENIC HWY LAKE WALES FL 33853  83  84 City FL 85  15 Parsument to the previsions of Sections 607 0502 and 607,1508. Floridal Statutes, the above-named comporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Such change was authorized by the comporation's submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Statutes.  15 Parsument to the previsions of Sections 607 0502 and 607,1508. Floridal Statutes, the above-named comporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridal Such change was authorized by the comporation's aboard of directors. I hereby accept the appointment agent and the purpose of changing office or registered agent and accept the obligations of, Section 607,0505, Floridal Statutes.  15 City FL Statutes  16 City FL Statutes  17 City FL Statutes  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 STATLOR, ROLAND 0.  10 STREET ADDRESS  11 LACTIVEST ZIP  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST ZIP  14 CITY-ST ZIP  15 City FL Statutes  15 STREET ADDRESS  16 CITY-ST ZIP  16 City FL Statutes  17 STREET ADDRESS  18 CITY-ST ZIP  19 CITY ST ZIP  10 CITY ST ZIP  10 CITY ST ZIP  10 CITY ST ZIP  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST ZIP  14 CITY-ST ZIP  15 STREET ADDRESS  16 CITY-ST ZIP  16 City FL ZIP  17 NAME  18 STREET ADDRESS  18 CITY-ST ZIP  19 CITY ST ZIP  10 CITY-ST ZIP  11 CITY-ST ZIP  12 NAME  13 STREET ADDRESS  14 CITY-ST ZIP  15 NAME  15 STREET ADDRESS  16 CITY-ST ZIP  17 NAME  18 STREET ADDRESS  18 CITY-ST ZIP  18 CITY-ST ZIP  19 CITY-ST ZIP  10 CITY-ST ZIP  11 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST ZIP  15 NAME  16 STREET ADDRESS  17 ST ZIP  18	ded to Fees er s. 199.032,	angible tax under s	ation has liability for intar	8. This corporation	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·	Zip	¬ ·		Zip	
ATAYLOR, ROLAND 0. \$13 S SCENIC HWY LAKE WALES FL 33853  B4 City  FL 85  B5 Street Address (P.O. Box Number is Not Acceptable)  B5 Street Address (P.O. Box Number is Not Acceptable)  B6 City  FL 85  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Number is Not Acceptable)  B7 Street Address (P.O. Box Numb						30]	\gent				1	
S13 S SCENIC HWY LAKE WALES FL 33853  1. 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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation shoard of directors. Thereby accept the abpointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing of the corporation shoard of directors. Thereby accept the appointment agent for the purpose of changing agent for the purpose of the appointment agent for the purpose of the					Name	81	· • · · · · · · · · · · · · · · · · · ·				ATA	
1. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida South change was authorized by the corporation's board of directors. Thereby accept the appointment agent term familiar with and accept the obligations of Section 607 0505, Florida Statules.    SIGNATURE	ole)		dress (P.O. Box Number is Not Acceptable)						IWY .	S SCENIC HY	513	
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 changin office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmen agent. I am familiar with collegations of Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature	Zip Code	<b>85</b> Zip			City	84				-		
1.3 STREET ADDRESS					eni signature requin	13. 1 1 TITLE			OFFICERS.	D	<b>2.</b> IILF	
					· · · · · · · · · · · · · · · · · · ·	1.3 STREET			NIC HWY	513 S SCEN	TREET ADORESS	
2   4   City   St   Zip	nge 🔲 Additio	Change	<u></u>			2 1 TITLE 2.2 NAME	DELETE			EARL WALL	TLF AME	
3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP	nge 🔲 Additi	Change				2. 4 CITY-	DELETE				7Y SI-7P	
DELETE	gr	general vision Egyl				3.2 NAME 3.3 STREET	mand or a feet of the				M <del>i</del> e Reet adoress	
Y - S1 - ZIP	Comp   Add		74. — 7-21. — — 7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24. — 1-7-24			4.1 TITLE	DELETE				TL E	
#REFLADORESS	nge 🗆 Additi	Channa				4.4 CITY-5	Delete		nto _orm year comment have you specific maps		IY-\$1-7#	
DOCUMENT						5.2 NAME 5.3 STREET					ame Ræl addhess	
DELETE	nge 🔲 Additi	L4 1-15 Pange 018	0002141 14/9701004 65.00	0000 -04/14 ***165		6.1 TITLE 6.2 NAME	DELETE				ITLE IAME	

Lan an officer or director of the corporation or the faceiver or fusion state of the second of this annual report or supplied with the information indicated or this annual report or suppliemental annual report is true and accurate and that my significant shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the faceiver or fusion 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 attachment with an address.

SIGNATURE:

Daytime Phone #

0369968