FILE	NOW: FILING FEE A	FIER MAT 151 15	\$ 550.00	6 A 1 15 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
COF	PROFIT AMEN PROPINED IN THE PROFIT	Katherir Secretary	RTMENT OF STATE THE HARRIS THE HA	99 UM -2 Pi	: 3: l i 5
DOCUMENT # V72/15 1. Corporation Name				SECTION OF CAME.	
	TENCY MANOR,	/ NC .		Tall Magnetic	
Principal Plac	e of Business	Mailing Address	west se		
252 US HIGHWAY 17/5.54 ST 1030 MODEN CF					
EAGLE LAKE TO 33839 LAKELAND			DO NOT WRITE IN THIS SPACE		
us 72 33			809	3. Date Incorporated or Qualifed 10/19/92	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1030 111 DOE	N CI	59-3159241	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	SS ON May Po
23		28 LAKELAND	九	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	
24	25		30 US	Personal Property Tax.	☐ Yes
	9. Name and Address of Current		81 Name	10. Name and Address of New R	
	cgovern, mune	ν.	M	ARK BENEOICT ddress (P.O. Box Number is Not Accepta	LIM
1255 12 th ST 82 Street Address				ddress (P.O. Box Number is Not Accepta D HINDEN CT	ple)
E	AGLE LAKE , FL	33839	83	o moco 9	
			2		Top 700
84 City LAKE				KELAND	FL 85 Zip Code 33 8 09
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	orporation submits this statement for the	ourpose of changing its registered
agent. I a	rn familiar with, and accept the obligation	lons of, Section 607.0505, Florid	da Statutes.	ation's board of directors. I hereby accep	the appointment as registered
SIGNATURE				LIM	5/27/99
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature req		ICERS AND DIRECTORS IN 12
TITLE	OVPS	DELETE	1.1 TITLE	PRESIDENT	Change MAddition
NAME	MCGOVERN, AWNE		1.2 NAME	LIM. MARK BENED	ICF
STREET ADDRESS	1255 124 ST.		1.3 STREET ADDRESS	1030 HIDDEN CT.	
CITY-ST-ZIP	EAGLE LAKE FL		1.4 CITY-ST-ZIP	<u> </u>	809
TITLE	SMITH, ARLEY A	DELETE	21 TITLE	SECRETORY	Change (SAddition)
NAME	ILLA BINGGIVAN DRIVE		2.2 NAME	LIM, JOSEPHINE BLANCHE	
STREET ADDRESS	ENGLE LAKE TO	33839	23 STREET ADDRESS	1030 HIDDEN CT	, a
CITY-ST-ZIP TITLE	engle that 70	□ DELETE	2 4 CITY-ST-ZIP 31 TITLE	LAKE LAND, TH 3381	D 9 ☐ Change ☐ Addition
NAME !		LI DELCIE	32 NAME		Change Chaggeon
STREET ADDRESS			33 STREET ADDRESS		
CITY-\$1-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	i i		4 2 NAME	9000029058295 -06/15/9901108008 *****70,00 ******70.00	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		F1 55.575	44 CITY-ST-ZIP	क क क क	
TITLE		C) DELETE	51 TITLE 52 NAME		[] Change [] Addition
NAME OTREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS			54 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	[]Change []Addition
NAME			6.2 NAME		18 A"
			_		1 ~ ~ ~

14. Thereby 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 logal 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 on an attachment with an address with all other like empowered.

SIGNATURE:

MARK BENEFICT UM 572.7199 (941)815 0249

Dayle e Phone #

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