## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION  JAL REPORT  1996	Secretary	. Mortham y of State :ORPORATIONS		
DOCUM 1. Corporation	MENT # <b>V73471</b>	(7)			
	NAME NAME NO.				
Principal Place	of Business	Mailing Address			
2826 FOREST LAKELAND FL		2826 FORESTBROOK DR LAKELAND FL 33811	N		
				3. Date Incorporated or Qualified 10/16/1992	3a. Date of Last Report 01/31/1995
2. Principal Pla	nce of Business	2a. Mailing Address 26		4. FEI Number 65-1936674	Applied For Not Applicable
Suite, Apt. (	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7 <sub>10</sub>	Country 25	Zip	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s 199.032,
[71].	9. Name and Address of Current		301	10. Name and Address of New R	<del></del>
DEFLED	N 414 PA4		81 Name		
REEKERS, ALLEN 2826 FORESTBROOK DR N			82 Street Addr	ess (P.O. Box Number is Not Acceptable	0)
LAKELAND FL 33811			83		
DAILED II	10 12 00011		[83]		
			84 City		FL 85 Zip Code
familiar wit	o the provisions of Sections 607.0502 a od agent, or both, in the State of Florida h, and accept the obligations of, Sectio		the above-named corpor by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	ann of changing its registered offer
SIGNATURE _	Signature: typed or perited hame of registered agent a	nd title if applicable (NOTE	Registered Agent signature required	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TILE	D Reekers, Allen	☐ DELETE	1. 1 TITLE		Change Addition
NAME	2826 FORESTBROOK DR N		1.2 NAME		
STREET ADDRESS	LAKELAND FL		1.3 STREET ADDRESS		
CHY-ST-ZP THE	D	DELETE	14 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAM)	REEKERS, KAREN K.	[] vector	22 NAME		
STREET ADDRESS	2826 FORESTBROOK DR N	•	23 STREET ADDRESS		
( IY-ST-Z-P	LAKELAND FL		2.4 CITY-ST-ZIP		
1014		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S1-7IP. 1111:E		DELETE	3 4 CITY - ST - ZIP		
NAM(			4.1 TITLE		Change Addition
STREET AFICHESS			4.2 NAME 4.3 STREET ADDRESS		
CITY ST ZIF			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TIPLE		DELETE	5 1 TITLE		Change Addition
NAM:			5 2 NAME		<del>-</del> <del>-</del>
STREET ADDRESS			5 3 STREET ADDRESS		
CHY-S1-ZIF			5 4 CITY-ST-ZIP		
HTLF		☐ DELETE	6 1 TITLE	(—————————————————————————————————————	Change Addition
NAME			6.2 NAME		

63 STREET ADDRESS

64 CITY - ST - ZIP

STREET ADDRESS.

OTY-ST-ZP

Mary Leuten On Printed name of signing officer or director

1-23-96 941-647-1889

CR2E034 (12/95)