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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 220842

DECAL ONE CORDORATION

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

02-18-1999 90030 016 ***158.75

neGAL (ONE CONFORMION											
Principal Place	e of Business	Mailing Address	-					 	OIO IIDI DIBI	U1811 01011 0101	1 MIMIL #3851 1481	
551 DRIFTSTON LAS VEGAS NV	NE AVE.	551 DRIFTSTONE AVE. LAS VEGAS NV 89123					5.4	O NOT MO	TC IN 71"	e en^cr		
		•						O NOT WRI	IE IN IH	S SPACE		7
						3	3. Date Incorporated	or Qualifed				
2 Deie-1 2 C	loca of Duninger	2a Mailing Address				- 4	03/02/1959			1-1.	Annlied For	+
·	lace of Business	2a. Mailing Address					4. FEI Number Applied For Not Applied Solution Not Applied Not Applied For Not					┨ `
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Ant # etc				<u>95-4158065</u>		\		Additional	1.5
22		27				5	Certifcate of Status	s Desired	A		Required	
City & State		City & State				- 6	6. Election Campaign	Financing		\$5.0	May Be	1
23		28					Trust Fund Contrib	ution			d to Fees	
Zip	Country	Zip		ountry		8	This corporation ov	wes the cur	rent year li			
24	25	29	30				Personal Property			☐ Yes	□No	4
	9. Name and Address of Current	t Registered Agent		81	Nome	10	0. Name and Addres	ss of New I	Kegistered	Agent		\dashv
COD	PORATION SERVICE COMPANY			81	Name							
REC TON	HAYS STREET			82	Street A	Address ((P.O. Box Number is	Not Accept	able)			1
#105				83					F. N . T	tien ind ka	600 820 1881	\dashv
	AHASSEE FL 32301			63				美操作	推漏症:		[報] 語語[[数]	
TAII	THINOULL I E UCUU I	•		84	City		7.887 T (4.5 D)	. <u> </u>		85 Zi	Code "'''''	7
TALL									I " I	– 1 .l		
	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	tee the	ahove	anamed c	corporativ	ion submits this stater	nent for the	DUIDOSE C	of changing i	ts registered	-
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was a	tes, the	above ed by	-named corpor	corporation's t	ion submits this stater board of directors. I h	ment for the ereby acce	purpose optithe appo	of changing ointment as	ts registered registered	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the authorize orida Sta	above ed by atutes.	named corpor	corporation s t	ion submits this stater board of directors. I h	ment for the ereby acce	purpose opt the appo	of changing in pintment as	ts registered registered	
11. Pursuant office or nagent. I al	m familiar with, and accept the obligat	lions of, Section 607.0505, Fix	onda Sta	atutes.	a-named cothe corpor			ment for the ereby acce	purpose opt the appo	of changing ointment as	ts registered registered	
11. Pursuant office or nagent. I al	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOT)	onda Sta	atutes. red Agen					DATE		TORS IN 12	
11. Pursuant office or reagent. Lai SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOT)	E: Register	atutes. red Agen			n reinstating)		DATE		FORS IN 12	
11. Pursuant office or nagent. Lai	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTI	E: Register	red Agen			n reinstating) : 🎺 🎝		DATE	AND DIREC	TORS IN 12	
11. Pursuant Office or nagent. Lai SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTI	E: Register 1: 1.1	red Agen 3. TITLE NAME			n reinstating)		DATE	AND DIREC	TORS IN 12	1
11. Pursuant office or n agent. I al SIGNATURE 12. TILE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL	t and title if applicable. (NOTI D DIRECTORS	E: Register 1: 1.1 1.2	red Agen 3. TITLE NAME	t signature rec		n reinstating)		DATE	AND DIREC	FORS IN 12 e ☐ Addition	
11. Pursuant office or n agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE.	t and title if applicable. (NOTI	E: Register 1: 1.1 1.2 1.3	red Agen 3. TITLE NAME STREET	t signature rec		n reinstating)		DATE	AND DIREC	FORS IN 12 e ☐ Addition	
11. Pursuant office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123	t and title if applicable. (NOTI D DIRECTORS	E: Register	red Agen 3. TITLE NAME STREET	t signature rec		n reinstating)		DATE	AND DIREC	FORS IN 12 e ☐ Addition	
11. Pursuant office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD	t and title if applicable. (NOTI D DIRECTORS	E: Register 1.1 1.1 1.2 1.3 1.4 2.1	red Agen 3. TITLE NAME STREET CITY-SI TITLE NAME	t signature rec		n reinstating)		DATE	AND DIREC	FORS IN 12 e ☐ Addition	
11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913	t and title if applicabile. (NOTI D DIRECTORS DELETE	E: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	red Agen 3. TITLE NAME STREET CITY-SI TITLE NAME NAME STREET STREET 4 CITY-S	ADDRESS		n reinstating)		DATE	AND DIREC Chang	FORS IN 12 e	ו ו
11. Pursuant, office or nagent. Lai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913	t and title if applicable. (NOTI D DIRECTORS	E: Register 1:1 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	TITLE NAME CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET A CITY-S	ADDRESS		n reinstating)		DATE	AND DIREC	FORS IN 12 e	ו ו
T11. Pursuant office or reagent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD	t and title if applicabile. (NOTI D DIRECTORS DELETE	E: Register 1:1 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	TITLE NAME CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET 4 CITY-S TITLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP		n reinstating)		DATE	AND DIREC Chang	FORS IN 12 e	1
11. Pursuant, office or nagent. Lai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registared agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR	t and title if applicabile. (NOTI D DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	red Agen 3. TITLE NAME STREET CITY-SI TITLE NAME STREET 4 CITY-S TITLE NAME STREET NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		ADDITIONS/CHANG	GES TO OF	DATE FICERS A	AND DIREC Chang	FORS IN 12 e	ו ו
T11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211	t and title if applicabile. (NOTI D DIRECTORS D DELETE DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	red Agen 3. TITLE NAME STREET CITY-SI TITLE NAME STREET 4 CITY-S TITLE NAME NAME STREET CITY-S STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D	t and title if applicabile. (NOTI D DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	red Agen 3. TITLE NAME STREET TITLE NAME STREET NAME STREET STREET NAME STREET NAME STREET NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL	t and title if applicabile. (NOTI D DIRECTORS D DELETE DELETE	E: Register 1.1 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	TITLE NAME STREET COTY-SI TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE	t and title if applicabile (NOTI D DIRECTORS DELETE DELETE DELETE	E: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3	red Agen TITLE NAME STREET TITLE NAME STREET GTY-SI TITLE NAME STREET GTY-S TITLE NAME STREET CTY-S TITLE NAME STREET STREET STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or nagent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.1 4.2 4.3	red Agen red Agen TITLE NAME STREET TITLE NAME STREET GTY-SI TITLE NAME STREET GTY-S TITLE NAME STREET CTY-S TITLE NAME STREET CTY-S TITLE STREET CTY-S	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE	t and title if applicabile (NOTI D DIRECTORS DELETE DELETE DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.4 5.1	red Agen TITLE NAME STREET TITLE NAME STREET GTY-SI TITLE NAME STREET GTY-S TITLE NAME STREET CTY-S TITLE NAME STREET STREET STREET STREET STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE BLOOMINGTON MN 55438	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.1 4.2 4.3 4.4 5.1 5.2	TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SCITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE BLOOMINGTON MN 55438	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 1:3 1.1 1.2 1.3 1.4 2.1 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registared agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE BLOOMINGTON MN 55438	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 1:3 1.1 1.2 1.3 1.4 2.1 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 5.1 5.2 5.3	TITLE NAME STREET CITY-SI TITLE NAME STREET STR	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LOST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE BLOOMINGTON MN 55438	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 1:3 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.1 4.2 5.1 5.2 5.3 5.4	TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CIT	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	
T11. Pursuant office or ragent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registared agen OFFICERS AN PD RUBINSTEIN, ISRAEL 551 DRIFTSTONE AVE. LAS VEGAS NV 89123 D CURRIE, MALCOLM MD 28780 WAGON RD AGOURA HILLS CA 91913 D BABBIT, RICHARD 50 LÖST RIVER DR PALM DESERT CA 92211 D PLATT, MICHAEL 7173 OAK POINE CURVE BLOOMINGTON MN 55438	t and title if applicable. (NOTI D DIRECTORS DELETE DELETE DELETE DELETE	E: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS/CHANG	GES TO OF	DATE FFICERS A	Chang	FORS IN 12 e	

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 office 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/27/99

702897533 Daytime Phone #

CR2E034 (11/98)