## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 710612

1. Corporation Name

THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAU RANT ASSOCIATION, INC.

Principal Place of Business 230 S. ADAMS ST. TALLAHASSEE FL 32301 US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 1779

TALLAHASSEE FL 32301

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90038 012 \*\*\*\*61.25



Applied For

3. Date Incorporated or Qualifed

03/28/1966

4. FEI Number

City & State    City & State	22		27			1 -71-0612231- 3 1-61	7727	f Not	Applicable
Zip   Country   Zip	City & State	9	City & State			5. Certifcate of Status Desired		•	l l
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name and Address of New Registered Agent  14. Name and Address of New Registered Agent  15. Name and Address of New Registered Agent  16. Name and Address of New Registered Agent  17. Pursuant to the provisions of Section \$17.0502 and \$17.050		the state of the s		Country		6 Flatia Compiler Financing		\$5.00	day Da
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I aminish with, and cacept the obligations of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I aminish with, and cacept the obligations of, Section 17,0509, Florida Statutes.  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I aminish with, and cacept the obligations of, Section 617,0509, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  13. TITLE  14. COFFICERS AND DIRECTORS IN 12  12. NAME  14. COFFICERS AND DIRECTORS IN 12  15. TITLE  16. COFFICERS AND DIRECTORS IN 12  16. Change Addition  17. DELETE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. VID  10. Change Addition  19. OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  13. TITLE  14. COFFICERS AND DIRECTORS IN 12  14. COFFICERS AND DIRECTORS IN 12  15. TITLE  15. TITLE  16. COFFICERS AND DIRECTORS IN 12  16. Change Addition  17. Addition  18. NAME  18. Change Addition  18. NAME  18. NAME  18. NAME  18. NAME  18. NAME  18. NAME  19. Change Addition  19. Change Add	¬ '			1 1		·		•	•
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DOVER, CAROL B  230 S. ADAMS ST.  TALLAHASSEE FL 32301:  83  84  64  61v  FL  85  85  86  64  61v  FL  85  85  85  86  61v  FL  85  85  87  86  64  61v  FL  86  85  87  87  87  88  87  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  88  87  87  87  88  88  87  87  87  88  87  8		5. Name and Address of Current	Registered Agent	81	Name	To: Italife and Addiese of the to	ogiotorou //	9	
230 S. ADAMS ST. TALLAHASSEE FL 22301.  83  14 City  15 Dursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent, and accept the obligations of, Section 617 0509, Florida Statutes.  SIGNATURE  Signatur, look or printed name of registered agent and accept the obligations of, Section 617 0509, Florida Statutes.  SIGNATURE  Signatur, look or printed name of registered agent and size if applicable.  (NOTE Replaced Agent alginiture required when refusitative).  DATE  12 NAME  12 NAME  13 STREET ADDRESS  TALLAHASSEE FL 22301.  MURRAY, DENNIS J  STREET ADDRESS  TOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  13 STREET ADDRESS  TOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14 CITY-ST-2P  TITLE  VD  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  13 STREET ADDRESS  TOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14 CITY-ST-2P  TOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15 TITLE  15 TITLE  15 TITLE  15 TITLE  17 TITLE  18 TITLE  18 TITLE  19 VID  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  21 NAME  22 NAME  23 STREET ADDRESS  TALLAHAS  ACTIV-ST-2P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  CRASS STATE ADDRESS  TOR ASSTREMATIONS  TOR ADDRESS STATE ADDRESS  TOR A				"		•			
TALLAHASSEE FI. 32301.    A					Street Addres	ss (P.O. Box Number is Not Acceptat	ole)		}
### City ### B\$ Zip Code    Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation's board of directors. I hereby eccept the appointment as registered agent, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby eccept the appointment as registered agent, in the State of Florida. Statutes, the above-named corporation is builting this statement for the purpose of changing its registered agent. In the corporation's board of directors. I hereby eccept the appointment as registered agent agent and registered agent agent are required when remaiding.    Description									
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATUAE  SIGNATUAE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  12. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. TITLE  19. TITLE  19. TITLE  10. TITLE  10. TITLE  11. TITLE  12. TITLE  12. TITLE  13. TITLE  14. TITLE  14. TITLE  15. TI	TALLAMAS	SEE FL 32301							
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and accept the obligations of, Section 617.0503, Florida Statutes, and the corporation is board of directors. I hereby accept the appointment as registered office or statutes and accept the obligations of, Section 617.0503, Florida Statutes, and the corporation is board of directors. I hereby accept the appointment as registered office or statutes and accept the obligations of, Section 617.0503, Florida Statutes, and the corporation is board of directors. I hereby accept the appointment as registered office or statutes and accept the obligations of Section 617.0503, Florida Statutes, the acceptance of the obligation of the corporation is board of directors. I hereby accept the appointment as registered office of the corporation is board of directors. I hereby accept the appointment as registered office of the corporation is board of directors. I hereby accept the appointment as registered office of the corporation is board of directors. I hereby accept the appointment as registered office of the corporation is board of directors. I hereby accept the appointment as registered office of the corporation is board of directors. I hereby accept the appointment as registered offices of the corporation is advantaged and the resistance of the corporation is advantaged and the resistance of the corporation is advantaged and the resistance of the corporation of the corporation of the corporation of the corporation of the corp		No. of the same of		84	City		FI	85 Zip C	ode
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 appointment as registered agent, and accept the obligations of, Section 617/503, Florida Statutes.  SIGNATURE  Signature, hower of printed name of megitared agent and that if applicable.  (NOTE: Registered Agent agent and applications of the Composition of the C	<del></del>	77.75 12. 12.		1 1	named same	ration submits this statement for the		nanging its i	registered
TILE  D  WURRAY, DENNIS J  TITLE  D  WURRAY, DENNIS J  TITLE  VD  WORLANDO FL 32819  TITLE  VD  STREET ADDRESS  STO KESWICK CT  ORLANDO FL 32812  TITLE  STITLE  STITL	office or n	edistered agent, or both, in the State o	f Florida. Such change was auth	onzed by I	the corporation	's board of directors. I hereby accept	the appoint	ment as reg	istered
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature required v				
MURRAY, DENNIS J STREET ADDRESS 7758 APPLE TREE CIR ORLANDO FL 32819  TITLE VD JARRETT, DAVE STREET ADDRESS 5370 KESWICK CT CITY-ST-ZIP ORLANDO FL 32812  TITLE STD JARRETT DAVI STREET ADDRESS 24 CITY-ST-ZIP ORLANDO FL 32812  TITLE STD JARRETT DAVI STREET ADDRESS 255 N.E. 189TH ST CITY-ST-ZIP N.MIAMI BEACH FL TITLE EVP JOLETE JOLE	12.	OFFICERS AND DIRECTORS							
STREET ADDRESS 7758 APPLE TREE CIR ORLANDO FL 32819  TITLE  VD JARRETT, DAVE STREET ADDRESS 5370 KESWICK CT ORLANDO FL 32812  TITLE  STD ORLANDO FL 32812  DELETE  21 TITLE  STD ORLANDO FL 32812  TITLE  STD ORLANDO FL 32812  TITLE  STD ORLANDO FL 32812  DELETE  21 TITLE  STD ORLANDO FL 32812  TITLE  STD ORLANDO FL 32812  TITLE  STD ORLANDO FL 32812  TITLE  STREET ADDRESS 2655 N.E. 189TH ST ORLANDO TITLE  EVP ORLANDO TITLE  EVP ORLANDO TITLE  ORLANDO TO STREET ADDRESS ROUTE E, BOX 3016  HAVANA FL ORLANDO TITLE  ORLANDO TO STREET ADDRESS TITLE  ALCITY-ST-ZIP  ORLANDO TO STREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE  ORLANDO TO STREET ADDRESS TITLE  ORLANDO TO STREET ADDRESS TITLE  ORLANDO TO STREET ADDRESS TITLE  ORLANDO TO SCHARGE  Addition  ORLANDO TO STREET ADDRESS TO STREET ADDRESS TO STREET ADDRESS TITLE  ORLANDO TO SCHARGE  Addition  ORLANDO TO STREET ADDRESS T	TITLE	D DELÉTÉ		1.1 TITLE				Change	Addition
ORLANDO FL 32819  TITLE  VD  ARRETT, DAVE  STREETADORESS  S370 KESWICK CT  CITY-ST-ZIP  ORLANDO FL 32812  TITLE  STD  AMME  BOETTCHER, CAROL  STREETADORESS  2 A CITY-ST-ZIP  N. MIAMI BEACH FL  TITLE  EVP  DOVER, CAROL B  STREETADORESS  ROUTE E, BOX 3016  CITY-ST-ZIP  DOVER, CAROL B  STREETADORESS  ROUTE E, BOX 3016  CITY-ST-ZIP  DELETE  DELETE  AMME  DOVER, CAROL B  STREETADORESS  ROUTE E, BOX 3016  CITY-ST-ZIP  DELETE  DELETE  AL CITY-ST-ZIP  Addition  ACRAPA FL  STREETADORESS  ACITY-ST-ZIP  TITLE  D  DELETE  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  AL CITY-ST-ZIP  ADAVICA  ADA	NAME	MURRAY, DENNIS J		1.2 NAME					
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NAME  JARRETT, DAVE  STREETADORESS  S70 KESWICK CT  ORLANDO FL 32812  DONOVAN MIKE  23 STREETADORESS  2.4 CITY-ST-ZIP  ORLANDO FL 32812  CORAL SPRINGS - FL - 330LS  CORAL			<b>∑</b> DELETE		3	V/D		Change	Addition
STREET ADDRESS   S370 KESWICK CT		· · · · · · · · · · · · · · · · · · ·	·	2.2 NAME	DO	NOVAN MIKE	_		-
ORLANDO FL 32812  2.4 CITY-ST-ZIP  ORLANDO FL 3330CS  ITTILE  STD  STREET ADDRESS  ORLANDO FL 3330CS  ORLANDO FL 330CS  ORLANDO FL		· · · · · · · · · · · · · · · · · · ·	j	2.3 STREET	ADDRESS   7.77	29 A WIVERDITTE	R.		
TITLE STD NAME BOETTCHER, CAROL STREET ADDRESS CITY-ST-ZP N. MIAMI BEACH FL TITLE DOVER, CAROL B STREET ADDRESS CITY-ST-ZIP HAVANA FL TITLE D AVERY, PAUL STREET ADDRESS CITY-ST-ZIP HAVANA FL DELETE D DELETE S1TILE D AVERY, PAUL STREET ADDRESS STR					T-ZIP CO	RAL SPRINGS - FL - 3	3065		:
NAME  BOETTCHER, CAROL  32 NAME  STREET ADDRESS  CITY-ST-ZIP  N. MIAMI BEACH FL  TITLE  EVP  NAME  DOVER, CAROL B  ROUTE E, BOX 3016  CITY-ST-ZIP  TITLE  D  DELETE  AVERY, PAUL  STREET ADDRESS  STREET ADDRE	TITLE			***				Change	Addition
STREET ADDRESS  2655 N.E. 189TH ST  CITY-ST-ZIP  N. MIAMI BEACH FL  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  ORLANDO, FL 32812  CHANGE  COP  Addition  ACHY-ST-ZIP  NAME  DOVER, CAROL B  STREET ADDRESS  ROUTE E, BOX 3016  HAVANA FL  TITLE  D  DELETE  5.1 TITLE  AVERY, PAUL  STREET ADDRESS  550 RED ST, STE 200  TAMPA FL 33609  TITLE  VD  DELETE  6.1 TITLE  VD  NAME  STREET ADDRESS  TOSO S. KIRKMAN RD.  ORLANDO FL  3.3 STREET ADDRESS  5.4 CITY-ST-ZIP  Change  Addition  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL  3.4 CITY-ST-ZIP  ORLANDO FL  3.5 STREET ADDRESS  6.4 CITY-ST-ZIP  ORLANDO FL  3.5 STREET ADDRESS  6.5 STREET ADDRESS  6.5 STREET ADDRESS  6.5 CITY-ST-ZIP  ORLANDO FL  3.5 STREET ADDRESS  6.5 STREET ADDRESS			,	3.2 NAME	<b>Ι</b> ΤΔ	MAGTE DAVID A			
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TITLE EVP  NAME  DOVER, CAROL B  STREET ADDRESS  ROUTE E, BOX 3016  CITY-ST-ZIP  HAVANA FL  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  HAVANA FL  DELETE  5.1 TITLE  DO  Addition  CITY-ST-ZIP  TAMPA FL 33609  TITLE  VD  DELETE  6.1 TITLE  VD  MARE  HUNTER, MARTIN P  STREET ADDRESS  TOSO S. KIRKMAN RD.  GA CITY-ST-ZIP  ORLANDO FL  ORLANDO FL  Addition  Addition  Addition  CCO  CCO  CCO  Addition  CCO  CCO  CCO  CCO  CCO  CCO  CCO  C					T-7IP 04	14NDO EL 32812			
NAME  STREET ADDRESS  ROUTE E, BOX 3016  A3 STREET ADDRESS  CITY-ST-ZIP  HAVANA FL  DELETE  51 TITLE  DAME  AVERY, PAUL  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33609  DELETE  61 TITLE  VD  MAME  NAME  VD  HUNTER, MARTIN P  STREET ADDRESS  TOSO S. KIRKMAN RD.  GA CITY-ST-ZIP  ORLANDO FL  ORLANDO FL  A3 STREET ADDRESS  64 CITY-ST-ZIP  ORLANDO FL  A2 NAME  4.2 NAME  4.3 STREET ADDRESS  534 DONER RD  HAVANA, 64 32333  Change  Addition  Addition  Addition  Addition  Addition  Addition  ACChange  Addition  Addition  ACCHANGE  Addition  ACCHANGE  Addition  ACCHANGE  A					CG	D		Change	Addition
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CITY-ST-ZIP HAVANA FL  TITLE D  NAME AVERY, PAUL  STREET ADDRESS CITY-ST-ZIP  TAMPA FL 33609  TITLE  VD  DELETE  6.1 TITLE  5.5 TITLE  5.2 NAME  5.3 STREET ADDRESS FA CITY-ST-ZIP  TAMPA FL 33609  TITLE  VD  Change Addition  ACTY-ST-ZIP  ORLANDO FL  ACTY-ST-ZIP  ORLANDO FL  ACTY-ST-ZIP  ORLANDO FL  ACTY-ST-ZIP  ORLANDO FL  ADDITION  AD		•		4.3 STREET	ADDRESS SAL	I DOVER RD			
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STREET ADDRESS 7050 S. KIRKMAN RD.  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  ORLANDO FL  328 19		,-		6.2 NAME	1			-	
CITY-ST-ZIP ORLANDO FL - 32819		· · · · · · · · · · · · · · · · · · ·		6.3 STREET	ADDRESS				}
14. I hereby certify that the information symplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	11 20 2 2 2 2				1	1 -400 - 51 - 37.8 19			ĺ
	14. I hereby	ertify that the information supplied with	this filing does not qualify for th		on stated in Se	ection 119.07(3)(i), Florida Statutes, I	further certif	y that the in	formation

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 informatio 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF THE SIGNATURE AND

1/20/99

(850) 224-2250 Daytime Phone # CR2E037 (11/9