FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 754969

Pincipal Pace of Business Mailer Additions City With SCURITIES SSO GADES ROAD SSO	SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.						
## SCORMACK BARBARA SOCIAL STATE OF THE STA	Principal Place	of Business	Mailing Address		1 100411 18801 01111 01010 10110 0 411	IO KURI BIONI OKONI DIONI DIONI DIONI DIONI NODE	
SSO GADES ROAD BOCK ARTON R. 33451 2. PROVIDED FORM R. 34451 2. PROVIDED	C/O WIEN SEC	CURITIES	C/O WIEN SECURITIES				
2. Principal Piace of Business 2. Principal Piace of Business 3. Date Incorporated or Qualified 11/04/1980 3. Date of Lord Piace 3. Date Not Piace of Business 3. Date Not Piace 3. Date Not Pia	5550 GLADES	ROAD	5550 GLADES ROAD				
2. Principal Place of Business 11/04/1980 10/27/1985 22. Malling Address 22. Malling Address 23. Malling Address 24. MAIB TARDING Co.m. 4. FEIN Notice 1. Principal Address 1. Principal	BOGA RATON	FL 33431	BOCA RATON FL 33431		3. Date Incorporated or Qualified	3a. Date of Last Report	
Note Appelled Section							
South April Bit South South April Bit Bit South April Bit Bit South April Bit Bi							
20 Solder St. Special Country School May be added to Fees Scho		- 1,0,,,	26 C/6 NAIS TA	APING COAPS	38 2 12 143 1		
Coly & State Col V & State					5. Certificate of Status Desired	n.a	
29	City & State	1 1 1	City & State		6. Election Campaign Financing	\$5.00 May Be	
S. Name and Address of Current Registered Agent HOOPS-MCCORMACK BARBARA \$550 GLADES ROAD BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617 0502 and 617 3508, Fordis Statutes The above the or registered agent, or both, in the State of Fordis, Such change was authorized by the corporation's shorted for the purpose of changing its registered agent, to both, in the State of Fordis, Such change was authorized by the corporation's shorted for the purpose of changing its registered agent, to both, in the State of Fordis, Such change was authorized by the corporation's shorted first for the purpose of changing its registered agent, to both, in the State of Fordis, Such change was authorized by the corporation's shorted first for the purpose of changing its registered agent, and the corporation's shorted first for the purpose of changing its registered agent, and the corporation's shorted first for the purpose of changing its registered agent, and the corporation's shorted first for the purpose of changing its registered agent. I am far far for the purpose of changing its registered agent. I am far	·····		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		
HOOPS-MCCORMACK BARBARA \$550 GLADES ROAD BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fordida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of changing its registered agent, or both, in the State of Fordia, Such, change was authorized by the corporation's board of directors. Therefore with, and decope the displaction of Scandon 617,9503, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corposition's board of directors. Therefore with, and decope the displaction of Scandon 617,9503, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corposition's board of directors. Therefore, and decope the displaction of Scandon 617,9503, Provide Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corporation's board of directors. Thereby accept the appointment as registered agent, Lent formation, and decope the adjustment of statutes, the above-named corporation submits this statement for the purpose of changing its registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation's board of directors. Thereby accept the appointment as registered of corporation'	⋥ 2⋴	3 Country					
HOOPS-MCCORMACK BARBARA 5550 GLADES ROAD BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617,0502 and 617,1506, florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of 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 epiporithrent as registered agent, and began or more registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiporithrent as registered agent. I am familier with, and accept the obligations of, Section 617,0503, Purchas Statutes. SIGNATURE Byoulder speed or pritted name of registered agent. I am familier with and accept the obligations of, Section 617,0503, Purchas Statutes. 12. OFFICERS AND DIFFECTORS. 13. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 12. OFFICERS AND DIFFECTORS. 13. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 13. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 14. CONSTRUCTIONS AND DIFFECTORS. 15. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 15. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 16. CONSTRUCTIONS AND DIFFECTORS. 17. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 18. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 19. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. IN 12. 19. ADDITIONS/CHANGES TO CIFFICHES AND DIFFECTORS. 20. ADDITIONS/CHANGE	24 / / 3		1	30 0 371			
\$550 CLADES ROAD BOCA RATON FL 33431 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 of or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, thereby accept the appointment are registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, thereby accept the appointment are registered agent, or or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, thereby accept the appointment are registered agent. I amount are registered agent, or or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors, thereby accept the appointment are registered agent. I amount are registered ag	Pt Nove						
SSC GLADES ROAD BOCA RATON FL 33431 8					dress (P.O. Box Number is Not Accepta	ble) n	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered or or registered agent, or both, in the State of Florids. Such otherings was authorized by the corporation's board of directors. I hereby accept the obligations of Section 617,0503. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 in the provision of price of agent. I am and the provision of price of agent. I am and the provision of price of agent. I am and the provision of price of agent. I am and the provision of price of agent. I am and the provision of price of agent. I am and the provision of	5550 GLADES ROAD				OD EAST Cypness CA	zeek papo suti 302	
11. Pursuant to the provisions of Sections of 17-02 and of 17-1504, reindod statutors, the above named corporation's surfaced agent, or both in the State of Folicial Statutors the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am a consist the obligations of, Section 617-0503, Florida Statutors. SIGNATURE Signature byted or private manufactor floridations of the obligations of, Section 617-0503, Florida Statutors. SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE PO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE HOUOPS-MCCORMACK, BARBARA 5550 GLADES ROAD STE 304 HOUOPS-MCCORMACK, BARBARA 5550 GLADES ROAD STE 304 BOCA RATON FL 33431 14-017-51-2P INTE SKOLNICK, JAY SIREET ADDRESS GLY-ST-2P SOUND STREET ADDRESS CITY-ST-2P INTE NAME SIREET ADDRESS 1200 W CAMINIO RAL 2 1 TITLE 2 1 TITLE 2 1 TITLE 2 2 NAME 2 1 TITLE 3 1 TITLE 2 1 TITLE 3 1 TITLE 3 1 TITLE 3 1 TITLE 4 2 TO W CAMINIO RAL 3 2 SIRRET ADDRESS CITY-ST-2P TO W CAMINIO RAL 3 2 SIRRET ADDRESS CITY-ST-2P TITLE 3 1 TITLE 4 2 TITLE 4 2 TITLE 5 TITLE	BOCA RA	TON FL 33431		83			
11. Pursuant to the provisions of Sections of 17-02 and of 17-1504, reindod statutors, the above named corporation's surfaced agent, or both in the State of Folicial Statutors the above named corporation's board of directors. Thereby accept the appointment as registered agent. I am a consist the obligations of, Section 617-0503, Florida Statutors. SIGNATURE Signature byted or private manufactor floridations of the obligations of, Section 617-0503, Florida Statutors. SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE PO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE HOUOPS-MCCORMACK, BARBARA 5550 GLADES ROAD STE 304 HOUOPS-MCCORMACK, BARBARA 5550 GLADES ROAD STE 304 BOCA RATON FL 33431 14-017-51-2P INTE SKOLNICK, JAY SIREET ADDRESS GLY-ST-2P SOUND STREET ADDRESS CITY-ST-2P INTE NAME SIREET ADDRESS 1200 W CAMINIO RAL 2 1 TITLE 2 1 TITLE 2 1 TITLE 2 2 NAME 2 1 TITLE 3 1 TITLE 2 1 TITLE 3 1 TITLE 3 1 TITLE 3 1 TITLE 4 2 TO W CAMINIO RAL 3 2 SIRRET ADDRESS CITY-ST-2P TO W CAMINIO RAL 3 2 SIRRET ADDRESS CITY-ST-2P TITLE 3 1 TITLE 4 2 TITLE 4 2 TITLE 5 TITLE				84 City C/	10.00.11	EI 85 Zio Codo	
SIGNATURE Signature, faced or protect name of registered agent and that described. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MARK HOOOPS-MCCORNACK, BARBARA 12 NAME STREET ADDRESS 5550 GLADES ROAD STE 304 13 STREET ADDRESS 5550 GLADES ROAD STE 304 14 CITY-ST-2P BOCA RATON FL 33431 14 CITY-ST-2P BOCA RATON FL 33431 16 CITY-ST-2P BOCA RATON FL 22 NAME SKOLNICK, JAY SKO	11. Pursuant to	o the provisions of Sections 617.0502 a	nd 617.1508, Florida Statutes	, the above-hamed corpo	bration submits this statement for the pu	urpose of changing its registered office	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTERPOLATION TO THE CONTROL OF THE RESTANDES IN 12 CHange Addition to the control of the	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.						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PO HOOOPS-MCCORMACK, BARBARA STREET ADDRESS THE STV SKOLNICK, JAY STREET ADDRESS ON WEAR STREET ADDRESS ON W B2 AVE PLANTATION FL 33324 THE THE DO DELETE STREET ADDRESS S							
TITLE MAME HOOOPS-MCCORMACK, BARBARA SIREET ADDRESS GLADES ROAD STE 304 ITHE ISTV STREET ADDRESS GREAT CAPPELS GREAT GRAAD							
NAME STREET ADDRESS SSO GLADES ROAD STE 304 BOCA RATON FL 33431 TITLE NAME SKOLNICK, JAY SKOLNICK, JAY BOO N. FEDERAL HWY STE 210 BOCA RATON FL STREET ADDRESS STREET ADDRE		PD	DELETE	1 T	resident.	Change Addition	
OTY-ST-ZIP DOCA RATON FL 33431 TITLE ISTV STREET ADDRESS CITY-ST-ZIP NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE D Change Additio DOYLE, JUDY P.O. BOX 40200 N/A JACKSONVILLE FL 332334 JACKSONVILLE FL 32203	NAME		ARA Z	12 NAME	AYSKOLNICK		
TITLE NAME SKOLNICK, JAY 980 N. FEDERAL HWY STE 210 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS CITY-ST-ZIP TITLE D D DELETE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	STREET ADORESS			1 -			
NAME STREET ADDRESS CITY-ST-ZIP DOCA RATON FL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP DITTLE NAME NAME NAME NAME NAME NAME NAME NAM			Askr. ere				
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 2 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 2 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 2 STREET ADDRESS CITY-ST-ZIP COLOTTO DATAGO STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLOTTO DATAGO STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLOTTO DATAGO STREET			DELETE			Linange Lij Addition	
BOCA RATON FL ITILE NAME NAME MCBRIDE, CHARLES STREET ADDRESS CITY-ST-ZIP TITLE NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP TO DELETE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP TO DELETE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP Addition TO DELETE STREET ADDRESS CITY-ST-ZIP TO DELETE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 CACITY-ST-ZIP Addition TO DELETE STREET ADDRESS CACITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition TO DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203			1				
TITLE NAME NOBRIDE, CHARLES STREET ADDRESS CITY-ST-ZIP TITLE NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME POPLETE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP TITLE NAME DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP TITLE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32303 DELETE 3 TITLE 4 TITLE 4 TITLE 4 TRESTUYEY MICHAEL STREET ADDRESS 5 STREET ADDRESS CITY-ST-ZIP TITLE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 GAGGIO Additio Additi						27170	
NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 TILE NAME STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL NAME STREET ADDRESS CITY-ST-ZIP NAME NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME NAME PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP NAME DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 G A CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203			DELETE	3 I IIILE 2/	IN A STANGE OF THE		
CITY-ST-ZIP LONGWOOD FE 32/50 34 CITY-ST-ZIP RECH, JAMES 300 NW 82 AVE STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE DOUBLETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DOUBLETE DOUBLE	NAME	MCBRIDE, CHARLES		3.2 NAME	Wester Corndo		
CITY-ST-ZIP LONGWOOD FE 32/50 34 CITY-ST-ZIP RECH, JAMES 300 NW 82 AVE STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE DOUBLETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DOUBLETE DOUBLE	STREET ADDRESS			3 3 STREET ADDRESS	GFU N Federal My	wy _	
NAME STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE DOLETE DOLETE DOLETE A. 2 NAME A. 3 STREET ADDRESS A. 4 CITY-ST-ZIP A. 2 NAME A. 3 STREET ADDRESS A. 4 CITY-ST-ZIP A. 2 NAME A. 3 STREET ADDRESS A. 4 CITY-ST-ZIP ADDRESS CITY-ST-ZIP DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP DOYLE, JUDY P.O. BOX 40200 N/A G 3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 A. 2 NAME A. 2 NAME A. 2 NAME A. 2 NAME A. 3 STREET ADDRESS A. CITY-ST-ZIP ADDRESS A. CITY-ST-ZIP ADDRESS A. CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS A. CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ACKSONVILLE FL 32203 ACKSONVILLE FL 32203				34 CITY - ST - ZIP	BOCA RATION FIR	73432	
STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 TITLE NAME STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 TITLE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 DELETE DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 32203 MICHAEL FAYNING FT. LAUDERDALE FL 33324 MICHAEL FAYNING FT. LAUDERDALE FL 33334 SAME STREET ADDRESS FT. LAUDERDALE FL 33334 DOYLE, JUDY FO. BOX 40200 N/A G 3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203		==	DELETE	1 7	YEA(UYEY	Change Addition	
CITY-ST-ZIP PLANTATION FL 33324 44 CITY-ST-ZIP FT. Lauderdate F/n 35 31/1 STREET ADDRESS CITY-ST-ZIP PARNASS, MICHAEL 52 NAME 52 NAME 53 STREET ADDRESS FT. LAUDERDALE FL 33334 54 CITY-ST-ZIP FT. LAUDERDALE FL 33334 DOYLE, JUDY STREET ADDRESS CITY-ST-ZIP DOYLE, JUDY P.O. BOX 40200 N/A G 3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32203 44 CITY-ST-ZIP FT. Lauderdate F/n 35 31/1 Amnes Recul FT. Lauderdate F/n 35 31/1 Addition Addition Change Addition 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP JACKSONVILLE FL 32203	-	•		4. Z NAME	Dicharl Dayainis		
NAME DOYLE, JUDY STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32203 G 1 TITLE G 1 TITLE G 1 TITLE G 1 TITLE G 3 STREET ADDRESS G 3 STREET ADDRESS G 4 CITY-ST-7/P				4.3 STREET ADDRESS	CO ENST CUPTERS,	Greek	
NAME DOYLE, JUDY STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32203 G 1 TITLE G 1 TITLE G 1 TITLE G 1 TITLE G 3 STREET ADDRESS G 3 STREET ADDRESS G 4 CITY-ST-7/P		T	DADELETE	5.1 TID F	T. Lauderdale, + In	Change Addition	
NAME DOYLE, JUDY STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32203 G 1 TITLE G 1 TITLE G 1 TITLE G 1 TITLE G 3 STREET ADDRESS G 3 STREET ADDRESS G 4 CITY-ST-7/P		PARNASS, MICHAEL		52 NAME	Ames Kech section		
NAME DOYLE, JUDY STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32203 G 1 TITLE G 1 TITLE G 1 TITLE G 1 TITLE G 3 STREET ADDRESS G 3 STREET ADDRESS G 4 CITY-ST-7/P		•) Suite 302	5 3 STREFT ADDRESS	OO NW FINA		
NAME DOYLE, JUDY STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32203 G 1 TITLE G 1 TITLE G 1 TITLE G 1 TITLE G 3 STREET ADDRESS G 3 STREET ADDRESS G 4 CITY-ST-7/P		FT. LAUDERDALE FL 33334		5 4 CITY - ST - ZIP	PANTATION, F/0 3330	4	
STREET ADDRESS P.O. BOX 40200 N/A G3 STREET ADDRESS JACKSONVILLE FL 32203 G4 CITY-ST-ZIP	TITLE	_	DELETE	6 1 TITLE		☐ Change ☐ Addition	
CITY-ST-7IP JACKSONVILLE FL 32203 64 CITY-ST-ZIP				1 1	-		
				•			
14 Life hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3/kl. Florida Statutes, Uturther	CITY-ST-ZiP		th this filing is voluntarily furnis	hed and does not qualify	for the exemption stated in Section 119	9.07(3)(k). Florida Statutes I further	
14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicately on this annual eport 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 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 changed, or an attachment with an address.	certify that oath; that I appears in	the information indicated on this annual am an officer or director of the corpar Block 12 or Block 13 it changed.	eport or supplemental annua- tion or the receiver or trustee an attachment with an addre	al report is true and accure empowered to execute the ss.	rate and that my signature shall have the his report as required by Chapter 617, F	e same legal effect as if made under Florida Statutes; and that my name	

SIGNATURE:

SANT STATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 381 85:00

CR2E037 (12/95)