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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51604

1. Corporation Name

Principal Place of Business

SIGNATURE:

J. CLEWISTON LABELLE & ASSOCIATES, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90080 045 ***150.00

| US DO NOT WRITE IN THIS SPACE | 5656 PIPERS W | | 5656 PIPERS WAITE | | | |
|--|------------------------|--|---|--|--|--|
| 3. Dish Incorporated or Qualified OUT/1985 2. A Mailing Address 2. A Mailing Address 3. FEI Number 592/34610 8. Page of Experiment 2. Additional 592/34610 8. Page of Experiment 592/34610 6. Election Campaign Financing 5. Od May Do Added to Page 2. Page of Experiment 2. Page of Ex | SARASOTA FL 34235 | | SARASOTA FL 34235 | | DO NOT WRITE IN THIS SPACE | |
| 2. Principal Place of Business 2a, Mailing Address 59-2736610 59-2736610 50 | US | | 00 | | 3. Date Incorporated or Qualifed | |
| 2. Principal Place of Business 2a, Mailing Address 59-2736610 59-2736610 50 | | | | | 04/10/1985 | |
| Suite, Apt. f., etc. Suite, Apt. f., etc. 27 | 2. Principal Pl | lace of Business | 2a. Mailing Address | | | |
| Suite, Apt. f., etc. Suite, Apt. f., etc. 27 | _ | | 1 | | 59-2734610 Not Applicable | |
| City & State City & State City | | #, etc. | | | \$8.75 Additional | |
| City & State Country Zip R. This composition owas the current year integrible Name Registered Agent REPORT Registered Agent Registered Agent REPORT Registered Agent Registered Agen | 22 | | 27 | | 5. Certificate of Status Desired Fee Required | |
| Trust Fund Contribution | | e | | | 6. Election Campaign Financing S5.00 May Be | |
| Zip Country Zip Country Zip Country Street This proposal provides the current year Intangible Personal Proposal Yas. Cive | 23 | | 28 | | Trust Fund Contribution Added to Fees | |
| 9. Name and Address of Current Registered Agent FRED G SCHALLER 5556 PIPERS WAITE SARASOTA FL 34235 11. Pursuant to Preparations of Segrems (P) .0542 and 607. CPA. Florida Statutes. It is above-named corporation submits this statement for the purpose of changing its registered agent. I am fall milliam with, horselect this objection of Society 5050, Ports Statutes. 11. Pursuant to Preparations of Segrems (P) .0542 and 607. CPA. Florida Statutes. It is above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am fall milliam with, horselect this objection of Society 5050, Ports Statutes. 11. Pursuant to Preparations of Segrems (P) .0542 and 607. CPA. Florida Statutes. It is above-named corporation submits this statement for the purpose of changing its registered agent. I am fall milliam with, horselect this object or prevalence of registering and with a facilitation of Society 5050, Ports Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 1.1 STREET ADDRESS 1.1 ST | | Country | Zip | Country | 8. This corporation owes the current year Intangible | |
| S. Name and Address of Current Registered Agent FRED G SCHALLER 5658 PIPERS WATE SARASOTA FL 34235 11. Pursuant to the previous of Supplies (P) 0507 and 607 (504 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am plant with complete the supplies of the proporation of registered agent. I am plant with provided in the proposal content of the purpose of changing its registered agent. I am plant with provided in the proposal content of the purpose of changing its registered agent. I am plant with provided in the purpose of changing its registered agent. I am plant with provided in the proposal provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am plant with provided in the proposal provided by the corporation's board of directors. I hereby accept the appointment as registered agent. I am plant with purpose of changing its registered agent. I am plant with provided in the proposal provided by the proposal pro | 24 | 25 | 29 30 | 0 | Personal Property Tax. Yes No | |
| FRED S CALLER 5656 PIPERS WAITE SARASOTA FL 34235 33 44 City FL 85 Zip Code 11. Pursuant to this purpose of changing its registered office or registered applied with the factor of Fiorda. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered applied with this filing does not qualify for the application. The change is authorized by the corporation's board of directors. I hereby accept the appointment as registered applied. The purpose of changing its registered applied. The purpo | | 9. Name and Address of Curre | ent Registered Agent | | 10. Name and Address of New Registered Agent | |
| SARASOTA FL 34235 11 Pursuant to the previsions of Sentions (07,0502) and 607,0505, Florida Statutes, the above-named corporation aubmits this statement for the pursue of changing its registered agent or body in the State of Florida, Such phangs was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent or body in the State of Florida, Such phangs was subjected by the corporation's board of directors. I herieby accept the appointment as registered agent or body in the State of Florida, Such phangs was subjected by the corporation's board of directors. I herieby accept the appointment as registered agent agent. I am familiar with the appointment as registered agent | | | | 81 Name | | |
| SOSO PIPCHS WATE SARASOTA FL 34235 13. B4 City FL ST Zip Code 11. Fursuant to the perentising of Sentine 9() 05(2 and 607, 12% Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Railier with, Indicate that holless the objection of Soot of the Option of Soot of the Option of Soot of Statutes. SIGNATURE Signature Signature Soot of registered agent agent act that is registered agent. I am Railier with, Indicate the Option of Soot of Soot of Soot of Statutes. SIGNATURE Signature Signature Soot of registered speak agent act that is registered agent signature required when entreating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition STREET ADDRESS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition STREET ADDRESS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS STREET ADDRESS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS STREET ADDRESS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS STREET ADDRESS ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS STREET ADDRESS ADDITIONS CHANGES ADDITIONS CHANGES STREET ADDRESS ADDITIONS CHANGES ADDITIONS CHANGES STREET ADDRESS ADDITIONS CHANGES STREET ADDR | | | | 93 Street Add | Hone /P.O. Box Number is Not Acceptable) | |
| 11. Pursuant to the permitting of Seyforms (IV), 05(2) and 607. [DN, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am fighting with, Injuryate plant if by distant of Florida, Such sharings was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am fighting with, Injuryate dept they obtained agent and fighting with project the project of the purpose of changing its registered agent. I am fighting with, Injuryate the project of the purpose of changing its registered agent and fighting its registered agent. I am fighting with project of the purpose of changing its registered agent. I am fighting with appointment as registered agent. I am fighting with a project agent and the fighting its registered agent. I am fighting with a project agent and the fighting its registered agent and the fighting its registered agent and tills it appointment as registered agent. I am fighting its registered agent and tills it appointment as registered agent and till it appointment as registered agent and tills it appointment as registered agent and till it appointment as registered agent and tills it appointment | | | | 62) Silber Add | 11855 (F.O. DOX Number 13 Not Acceptable) | |
| 11. Pursuant to the permitting of Sortina ST) 0.512 and 607 (1276, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with a production of the comporation's board of directors. I hereby accept the appointment as registered agent. I am Equiliar with a production of the comporation's board of directors. I hereby accept the appointment as registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliary its purpose of the extension of the composition of the purpose of the purpose of the purpose of the purpose of the | SAR | ASOTA FL 34235 | | 83 | | |
| 11. Pursuant to the permitting of Sortina ST) 0.512 and 607 (1276, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with another the purpose of changing its registered agent. I am Equiliar with a production of the comporation's board of directors. I hereby accept the appointment as registered agent. I am Equiliar with a production of the comporation's board of directors. I hereby accept the appointment as registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliar with a purpose of changing its registered agent. I am Equiliary its purpose of the extension of the composition of the purpose of the purpose of the purpose of the purpose of the | | | | | 10-1 7'- O-4- | |
| 11. Prequent to the purpose of Sumpting (P) GST2 and GDT (STA) Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of control or control of the purpose of changing its registered agent and control or control of the purpose of changing its registered agent and compared to the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent and control of the purpose of changing its registered agent agent and control of the purpose of changing its registered agent agent and control of the purpose of changing its registered agent a | | | | 84 City | FI 85 Zip Code | |
| SIGNATURE Signaturi, flyated or printed rearner of registrated again and tithe if applicable. (NOTE: Registrated Againt signature required afree relimination) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP MAME FRED SCHALLER 5656 PIPERS WAITE 1.2 NAME 5656 PIPERS WAITE SARASOTA FL 34235 14 CITY-ST-ZIP TITLE VP OP OBLETE 2.2 STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP OP OBLETE 3.3 STREET ADDRESS ALCITY-ST-ZIP OP OBLETE 3.4 CITY-ST-ZIP OP OBLETE 3.5 STREET ADDRESS ALCITY-ST-ZIP | 44 Burewent | to the perettions of Sections (IV 05 | IT2 and 607 1508 Florida Statutes | the above-named cor | • • • · · · · · · · · · · · · · · · · · | |
| SIGNATURE Signaturi, flyated or printed rearner of registrated again and tithe if applicable. (NOTE: Registrated Againt signature required afree relimination) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP MAME FRED SCHALLER 5656 PIPERS WAITE 1.2 NAME 5656 PIPERS WAITE SARASOTA FL 34235 14 CITY-ST-ZIP TITLE VP OP OBLETE 2.2 STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP OP OBLETE 3.3 STREET ADDRESS ALCITY-ST-ZIP OP OBLETE 3.4 CITY-ST-ZIP OP OBLETE 3.5 STREET ADDRESS ALCITY-ST-ZIP | office or n | egistered agent or both in the State | of Florida. Such change was auth | orized by the corporat | ion's board of directors. I hereby accept the appointment as registered | |
| Signature, Speed or protect amond of regulated deposit and size if applicables. (INOTE: Regulated deposit and size if applicables. (INOTE: Regulated deposit and size if applicables.) (INOTE: Regulated deposit and size if applicables.) (INOTE: Regulated deposit and size if applicable.) (INOTE: INOTE: | agent. I a | m familiar with, and actept the oblig | ations of, Section 607.0505, Florid | Statutes. | | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP | SIGNATURE | IMA 10 som | U U | | nod when rejectation). | |
| TITLE DP DELETE 1.1 TITLE Change Addition STREET ADDRESS SCHALLER 1.2 NAME STREET ADDRESS SARASOTA FL 34235 1.4 CTV-ST-ZP TITLE VP DELETE 2.1 TITLE Change Addition STREET ADDRESS CTV-ST-ZP TITLE DELETE 3.2 STREET ADDRESS STREET ADDRESS CTV-ST-ZP TITLE DELETE 3.1 TITLE Change Addition STREET ADDRESS CTV-ST-ZP TITLE DELETE 3.1 TITLE Change Addition STREET ADDRESS CTV-ST-ZP TITLE DELETE 3.1 TITLE Change Addition STREET ADDRESS CTV-ST-ZP TITLE DELETE 4.1 TITLE Change Addition STREET ADDRESS CTV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP STREET ADDRESS SACTIV-ST-ZP STREET ADDRESS SACTIV-ST-ZP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS SACTIV-ST-ZP STREET ADDRESS SACTIV-ST-ZP STREET ADDRESS SACTIV-ST-ZP TITLE DELETE SACTIV-ST-ZP STREET ADDRESS SACTIV-ST | 12 | | | | 3 | |
| INME STREET ADDRESS SESS PIPERS WAITE SARASOTA FL 34235 STREET ADDRESS SCHALLER, JOHN B. SCHALLER, JOHN B. STREET ADDRESS CITY-ST-ZP NULES MI 99120 DELETE 22 NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP DELETE 4 STREET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP DELETE 51 TITLE ADDRESS CITY-ST-ZP ADDRESS ADD | | | | | | |
| STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 TITTLE VP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE SPORTS STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP Change Addition Additi | i | | - Dett. 1- | | _ · - | |
| SARASOTA FL 34235 TITLE VP DELETE 21 TITLE VP DELETE 21 TITLE SCHALLER, JOHN B. 22 NAME SCHOTT STREET 23 STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 31 TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP NAME 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 43 STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 STREET ADDRESS CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | |
| TITLE VP DELETE 21 TITLE Change Addition NAME SCHALLER, JOHN B. STREET ADDRESS 25 FORT STREET NILES MI 99120 24 CITY-ST-ZIP NILES MI 99120 24 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE Addition STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Addition Addition | STREET ADDRESS | · · | | | | |
| NAME SCHALLER, JOHN B. 22 NAME STREET ADDRESS CITY-ST-ZIP NILES MI 99120 DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS TREET ADRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREE | CITY-ST-ZIP | | D Delete | | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP NILES MI 99120 2.4 CITY-ST-ZIP TITLE NAME 3.1 TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.4 STREET ADDRESS CITY-ST-ZIP TITLE 1.5 STRE | TITLE | | □ bereie | | Critatige | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE A1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE A2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP THE CHANGE THE CHANGE ADDRESS CITY-ST-ZIP THE CHANGE | NAME | | | P | | |
| TITLE | STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition Addition Addition CTY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP DELETE S.3 STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE CHANGE Addition Ad | CITY-ST-ZIP | NILES MI 99120 | | 2.4 CITY-ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 4.5 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.4 CITY-ST-ZIP TITLE DELETE S.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.5 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 in the light and the property and the pr | TITLE | | ☐ DELETE | 3.1 TITLE | Change [_] Addition | |
| CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAddition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AAddition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition AAddition AAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition AADDRESS CITY-ST-ZIP TITLE Change Addition ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the light and accurate and through any signature shall have the same legal effect as if made under oath: that I am an investment as a part of the part and accurate and through any signature shall have the same legal effect as if made under oath: that I am an investment as a part of the part of th | NAME | | | 3.2 NAME | | |
| TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition | STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE STREET ADDRESS CITY-ST-ZIP A.1 Inereby 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 angular experts angular proof is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on the indicated on the indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indic | CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Change Addition Change Addition AMME STREET ADDRESS CITY-ST-ZIP 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 angular expect is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular expect is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on the control of the c | TITLE | - • " | ☐ DELETÉ | 4.1 TITLE | ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE CAMPE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 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 angular expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an | NAME | | | 4. 2 NAME ' | | |
| TITLE | STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE StrEET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition Change Addition Change Addition Change Addition Addition Addition Change Addition Addition | CITY-ST-ZIP | | | 4.4 CITY+ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP 4. 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 angular expects a new long effect as if made under oath; that I am an indicated on this angular expects. | | - | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition | |
| 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.5 CITY-ST-ZIP 5.6 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 angular expect is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an | NAME | | | 5.2 NAME | • | |
| CITY-ST-ZIP TITLE DELETE 6.1 TITLE CANAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 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 angular expect is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular expect is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on this angular effect as if made under oath; that I am an indicated on the indicated o | | | | 5.3 STREET ADDRESS | | |
| TITLE DELETE 6.1 TITLE Change Addition | | | | 5.4 CITY-ST-ZIP | · | |
| NAME STREET ADDRESS CITY-ST-ZIP 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 angular error or supplemental angular error is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular error or supplemental angular error is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular error or supplemental angular error is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this angular error or one of the control of the contro | | | ☐ DELETE | 6.1 TITLE | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP 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 expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an | | | | 6.2 NAME | | |
| 6.4 CITY-ST-ZIP 14. 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 expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an | | | | 6.3 STREET ADDRESS | | |
| 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 expert is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an | | | • | | | |
| indicated on this applied report or supplemental applied report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an | 14. hereby o | certify that the information supplied y | with this filing does not qualify for the | 1 | Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| 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 agraticationent with an address, with all other like empowered. | indicated | on this annual report or supplement | al annual report is true and accura | to and that my cianatu | re shall have the same legal effect as if made under gath: that I am an | |
| | Officer of Block 12 | urrector of the corporation of the rector Block 13 if changed, or on against | eiver or trustee empowered to exe assiment with an address, with all o | cute this report as requiter like empowered. | uired by Chapter 607, Florida Statutes, and that my name appears in | |