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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N35263

(5)

## CARIBBEAN AMERICAN SOCIAL CLUB OF LEHIGH ACRES I

Principal Place of Business

LEHIGH COMMUNITY BUILDING
1299 HOMESTEAD RD.
LEHIGH ACRES FL 33936
US

2. Principal Place of Business

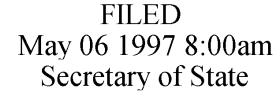
Mailing Address

Mailing Address

LEHIGH ACRES FL 33936-6909
US

2. Principal Place of Business

2. Mailing Address





04/10/1996

Daytime Phone # 0067308

Applied For

3. Date incorporated or Qualified 11/16/1989

65-0163140

4. FEI Number

City & State   City & State   City & State   City & State   28   Country   25   Country   25   29   30   Trust Fund Contribution   Added to Fees   Nome and Address of Current Registered Agent   81   Name   Name and Address of Current Registered Agent   81   Name   Street Address (P.O. Box Number is Not Acceptable)   82   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   85   City   FL   85   Zip Code   City & Country   85   City   Country   86   City   Country   86   City   City   Country   87   Country   87   Country   88   City	<b>4</b> 1		[20]				140.745		
20   Country   Zip   Country   Zip   Country   S. This corporation has fielding for financhies larger s. 198 032.	Suite, Apt						Certificate of Status Desired Section Face Required		
Zep		e	<del></del>						
10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   11. Name and Address of New Registered Agent   12. Name   12. Street Address (P.O. Box Number is Not Acceptable)   13. Name   14. Street Address (P.O. Box Number is Not Acceptable)   14. Name   15.	Zip			Co	Sountry 8. This corporation has liability for intangible tax under s. 199.032,		032,		
MOSES, RUTH 228 GROUND DOVE CIR LEHIGH ACRES FL 33936  11. Pursuant to the provisions of Scictors 617,0502 and 617,1508, Florida Statutes, the above certain submits this statement for the purposion of Scictors 617,0502 and 617,1508, Florida Statutes, the above certain submits this statement for the purposion of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent and the far appear and the far	24			30					
MOSES, RUTH 228 GROUND DOVE CIR LEHIGH ACRES FL 33936  44 City  45 City  46 City  46 City  47 City  48 City  48 City  48 City  49		9. Name and Address of Curre	nt Registered Agent						
228 GROUND DOVE CIR LEHIGH ACRES FL 33938  AL City FL S ZP Code  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 lis registered agent or familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS  17. STATE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Additions  19. Additio	•				81	Name			
228 GROUND DOVE CIR LEHIGH ACRES FL 33938  AL City FL S ZP Code  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 lis registered agent or familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS  17. STATE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Additions  19. Additio	MOSES, RUTH				82 Street Address (P.O. Box Number is Not Acceptable)				
LEHIGH ACRES FL 33836    83					discontinuo (n.c. son rumbor to rior riospiasio)				
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 submitted by the corporation's board of directors. I hereby accept the appointment as registered agent and find midning with, and accept the obligations of, Section 617.0502 find Statutes.  SIGNATURE  Supraise special registered agent a					83				
1. 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 such a decept the obligations of, Section 617.0503, Florida Statutes.    SIGNATURE	1				1	City	De Zio Codo		
office or registered agent, or both, in the State of Florida. Such change was sulthorized by the corporation's board of directors. I hereby accept the appointment as registered agent and many and accept the obligations of J. Section 617.0503, Florida Statutes.  SIGNATURE  SUBJECT 172.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP DELETE 111TILE  DP DELETE 111TILE  DV DELETE 21 TITLE  DV DELETE 21 TITLE  DV DELETE 21 TITLE  DV DELETE 22 MANE  SIRRET ADDRESS  CITY-517-2P  TITLE  DV DELETE 21 TITLE  DV DELETE 21 TITLE  DV CARTER, EUSTACE 22 MANE  SIRRET ADDRESS 13 RICHMOND AVE S 2.3 STREET ADDRESS 2.4 ADDRESS 2.4 ADDRESS 4.4 DELETE 3.3 TITLE  MORGAN, SYLVA-  409-51TH AVE-  DS DELETE 3.3 SIRRET ADDRESS 5.3 STREET ADDRESS 5.3 COR IN ST. ST. SP. LEHIGH ACRES FL  DS DELETE 3.3 STREET ADDRESS 5.3 COR IN ST. ST. SP. LEHIGH ACRES FL  DS DELETE 4.1 TITLE  DS DELETE 5.1 TITLE  DS DELETE 4.1 TITLE  DS DELETE 5.1 TITLE  DS DELETE 5.1 TITLE  DS DELETE 6.1 TITLE  DS DELETE					**	City	FL 65 210 COUR		
agent I am terminar with, and accept the obligations of, Section 617,0503, Floridas Statutes.  SIGNATURE  Signature byped or privated name of requirent agent and thin it approaches. (NOTE Registered Agent alignature required when remarkating).  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  DP	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								
Signific Sprint or prived have of impostenced agree and site if approache (NOTE Registered Agree in significance many) interest and postered agree and site if agreeable (NOTE Registered Agree in significance many) interest and postered agree and significance many) interest and postered agree and significance many and signi	agentia	am familiar with, and accept the oblig	gations of, Section 617.0503, F	lorida Sta	itutes.			ļ	
12. OFFICERS AND DIRECTORS  INTE  DP  DELTE  ITHE  DP  DOHN, EPHRAIN  313 MORGAN CIRCLE N  13. SIRRET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  UNDE  DV  DELETE  14 CITY-ST-ZIP  LEHIGH ACRES FL  14 CITY-ST-ZIP  LEHIGH ACRES FL  14 CITY-ST-ZIP  LEHIGH ACRES FL  15 TITLE  DV  CARTER, EUSTACE  173 RICHMOND AVE S  23 SIRRET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  32 SIRRET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  34 CITY-ST-ZIP  LEHIGH ACRES FL  35 SIRRET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  DS  DCHETE  35 SIRRET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  DELETE  36 CITY-ST-ZIP  LEHIGH ACRES FL  DELETE  37 CITY-ST-ZIP  Change  Addition  Addition  Addition  Addition  Change  C	SIGNATURE		100 to 10	ore no live	74	a constant and the	DATE.		
TITLE DP	12				SO ADO	a signature redom		12	
NAME SIREET ADDRESS 313 MORGAN CIRCLE N LEHIGH ACRES FL  DV DELETE DV CARTER, EUSTACE 113 RICHMOND AVE S CITY-ST-ZP LEHIGH ACRES FL  DTLE DTLE DTLE DTLE DTLE DTLE DTLE DT	<u> </u>	<del>~</del>			ITLE	T			
SIMET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL  ITILE DV CARTER, EUSTACE SIREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL  ITILE DT MAME MORGAN, SYLWA- ADDRESS CITY-ST-ZIP LEHIGH ACRES FL  ITILE DS MOSES, RUTH E DS MOSES, RUTH E SIREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL  ITILE DS MAME MOSES, RUTH E SIREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL  ITILE DS MAME SIREET ADDRESS CITY-ST-ZIP TITLE DS MAME SIREET ADDRESS CITY-ST-ZIP TITLE DS MAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE DS MAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET ADD						-			
CITY-ST-ZIP  LEHIGH ACRES FL  DV  DELETE  21 TITLE  DV  DELETE  22 NAME  22 NAME  113 RICHMOND AVE S  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DT  MORGAN, SYLVIA- 409 5TH AVE- CITY-ST-ZIP  NAME  NOSES, RUTH E  STREET ADDRESS CITY-ST-ZIP  TITLE  NOSES, RUTH E  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  DELETE  DELETE  14 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  DELETE  15 TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  16 TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  16 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  16 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  16 TITLE  DELETE  16 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  16 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  17 TITLE  DELETE  18 TITLE  DELETE  18 TITLE  DELETE  19 DELETE  10 DELETE  10 DELETE  10 DELETE  11 TITLE  DELETE  12 NAME  13 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  14 DELETE  15 TITLE  DELETE  16 TITLE  DELETE  16 TITLE  DELETE  17 TITLE  DELETE  16 TITLE  DELETE  17 TITLE  DELETE  17 TITLE  DELETE  17 TITLE  DELETE  18 TITLE  DELETE  18 TITLE  DELETE  18 TITLE  DELETE  19 DELETE  10 DELETE  10 DELETE  10 DELETE  11 TITLE  DELETE  17 TITLE  DELETE  17 TITLE  DELETE  17 TITLE  DELETE  18 TITLE  DE						shopecc			
TITLE DV CARTER, EUSTACE  SIRECT ADDRESS  CITY-ST-2IP  THE DS CITY-ST-2IP  THE CARDES FL  STREET ADDRESS  CITY-ST-2IP  THE CARDES FL  DELETE  STREET ADDRESS  CITY-ST-2IP  THE CARDES FL  DELETE  DELETE  STREET ADDRESS  CITY-ST-2IP  THE CARDES FL  DELETE  STREET ADDRESS  STREET ADDRESS  CITY-ST-2IP  THE CARDES FL  DELETE  STREET ADDRESS  STREET A									
MAME CARTER, EUSTACE  SIREET ADDRESS CITY-ST-2IP TITLE DT MAME MORGAN, SYLVIA- SIREET ADDRESS CITY-ST-2IP TITLE DS MORGAN, SYLVIA- SIREET ADDRESS CITY-ST-2IP TITLE DS MOSES, RUTH E SIREET ADDRESS CITY-ST-2IP TITLE MAME MOSES, RUTH E SIREET ADDRESS CITY-ST-2IP TITLE MAME MOSES, RUTH E SIREET ADDRESS CITY-ST-2IP TITLE MAME MOSES SIREET ADDRESS CITY-ST-2IP TITLE MAME MOSES SIREET ADDRESS CITY-ST-2IP TITLE MAME MOSES SIREET ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS CITY-ST-2IP TITLE		<del>                                     </del>	DELETE			-	Chance	Addition	
STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  DT MARE MORGAN, SYLWA- STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  33 STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  34 CITY-ST-ZPP LEHIGH ACRES FL  34 CITY-ST-ZPP LEHIGH ACRES FL  35 STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  36 STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  37 STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  38 STREET ADDRESS CITY-ST-ZPP LEHIGH ACRES FL  39 STREET ADDRESS CITY-ST-ZPP CHANGE  51 TITLE  52 NAME 53 STREET ADDRESS CITY-ST-ZPP  TITLE  DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZPP CHANGE 53 STREET ADDRESS CITY-ST-ZPP CHANGE 54 CITY-ST-ZPP CHANGE 55 STREET ADDRESS CITY-ST-ZPP CHANGE 65 STREET ADDRESS CITY-ST-ZPP CHANGE CH	}	\ <del>-</del> -				1			
CITY-ST-ZIP  LEHIGH ACRES FL  DT  MORGAN, SYLVIA- SIREET ADDRESS  CITY-ST-ZIP  LEHIGH ACRES FL  DS  DELETE  3.1 TITLE  3.2 NAME  57.3 CORINNE DR.  57.3 CORINNE DR.  CITY-ST-ZIP  LEHIGH ACRES FL  DS  DELETE  4.1 TITLE  MOSES, RUTH E  4.2 NAME  4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.4 CITY-ST-ZIP  1.4 L do 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	1	- · · · · · · · · · · · · · · · · · · ·			ADDRESS				
TITLE  NAME  MORGAN, SYLVIA- 408 5TH AVE.  LEHICH ACRES FL  DS  DELETE  31 TITLE  32 NAME 33 STREET ADDRESS  CITY-ST-ZIP  LEHICH ACRES FL  DELETE  DS  DELETE  4.1 TITLE  MOSES, RUTH E 4.2 NAME 4.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  5.1 TITLE  DELETE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  AMA  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMA  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Additi									
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 1. TITLE 0. STREET ADDRESS CITY- ST-ZIP 1. TITLE 1.			DELFTE			1-2IP	CARNER X Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 1. TITLE 0. STREET ADDRESS CITY- ST-ZIP 1. TITLE 1.	'	( = '	•—			H	ENRY M. GARNER		
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 1. TITLE 0. STREET ADDRESS CITY- ST-ZIP 1. TITLE 1.	l '			•		ADDRESS 6	513 CORINNE DE		
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 1. TITLE 0. STREET ADDRESS CITY- ST-ZIP 1. TITLE 1.						T-7IP	LEHIGH DERGS FL 33936		
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP 1. TITLE 0. STREET ADDRESS CITY- ST-ZIP 1. TITLE 1.			☐ DELETE	_			Change	Addition	
STREET ADDRESS CITY- ST-ZIP LEHIGH ACRES FL 14. CITY- ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY- ST-ZIP Change Addition MAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP Change Addition Addi	NAME	MOSES, RUTH E		4.21	NAME	i			
CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change  Addition  Addition  Change  Addition	STREET ADDRESS			4.3 5	TREET	ADDRESS			
TITLE DELETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY- 51- ZIP  TITLE 5.2 NAME  5.2 NAME  6.4 CITY- 51- ZIP  TITLE 6.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY- 51- ZIP  CHANGE  6.2 NAME  STREET ADDRESS  CITY- 51- ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the	CITY-ST-ZIP			4.4 Of		- ZIP			
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.4 CITY-ST-ZIP  TITLE  NAME  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. I do 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	TITLE		DELETE				☐ Change ☐	Addition	
CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE 6.2 NAME  STREET ADDRESS CITY-ST-ZIP  14. I do 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	NAME			5.2 N	AME			ļ	
TITLE  DELETE 6.1 TITLE 6.2 NAME  STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP  14. I do 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	STREET ADDRESS	)		5.3 \$	TREET	ADDRESS			
TITLE  DELETE 6.1 TITLE 6.2 NAME  STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP  14. I do 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	CITY-ST-ZIP	Ì		5.40	YTY-ST	- 21P		ļ	
STREET ADDRESS  CITY-ST-ZIP  14. I do 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			DELETE				☐ Change ☐	Addition	
CITY-ST-ZIP  64 CITY-ST-ZIP  14. I do 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	NAME	}		6.2 N	AME	}			
14. I do 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	STREET ADDRESS	ſ		6.3 5	TREET	ADDRESS			
14. I do 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	CITY-ST-ZIP			6.40	HTY-ST	-ZIP			
Information indicated on this animal report or supplemental animate reports rule and accurate and minimate signal rule animate the same legal effects at a made united own, the	14. I do here information	on indicated on this annual report or	supplemental annual report is	lify for the true and	exer	nption stated	my signature shall have the same legal effect as if made under oa	ath; that	