9. Name and Address of Current Registered Agent RATHMANNER, CUFF 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. TITLE PD NAME RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 13. BOCA RATON FL 33431 14. STREET ADDRESS 4331 N DIXIE HWY #1 STREET ADDRESS 4331 N DIXIE HWY #1 DELETE 21. AMME HILDEBRANT, V.H. STREET ADDRESS 4331 N DIXIE HWY #1 DELETE 31. DELETE	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. 3. TITLE	eon's board of directors. Thereby accept	3a. Date of Last 11/08/ \$8.75 Fee \$5.0 \$5.0 Adde intangible tax/under Yes 7 No egistered Agent ble) FL 85 Zip urpose of changing it the appointment as	Report 1995 Applied For Not Applicable 5 Additional Required 0 May Be d to Fees s. 199 032,
Principal Place of Business 4331 N DIXIE HWY SUITE 1 BOCA RATON FL 33431 2. Principal Place of Business 21 26 Suite, Apt. #, etc. 27 City & State 28 27 City & State 29 28 Zip Country Zip Zip Zip Country Zip Zip A331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATU	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. 3. TITLE	3. Date Incorporated or Qualified 12/22/1989 4. FEI Number 65-0165967 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Desired Status of the Policol Status of	3a. Date of Last 11/08/ \$8.75 Fee \$5.0 \$5.0 Adde intangible tax/under Yes 7 No egistered Agent ble) FL 85 Zip urpose of changing it the appointment as	Report 1995 Applied For Not Applicable 5 Additional Required 0 May Be d to Fees s. 199 032,
4331 N DIXIE HWY SUITE 1 BOCA RATON FL 33431 2. Principal Place of Business 22. Mailing Address 21. 26 Suite, Apt. #, etc. 22. 27 City & State 28. City & State 29. 29 30 9. Name and Address of Current Registered Agent RATHMANNER, CLIFF 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes, the office or registered agent and total displicable (NOTE Registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statut	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	3. Date Incorporated or Qualified 12/22/1989 4. FEI Number 65-0165967 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Desired Status of the Policol Status of	3a. Date of Last 11/08/ \$8.75 Fee \$5.0 \$5.0 Adde intangible tax/under Yes 7 No egistered Agent ble) FL 85 Zip urpose of changing it the appointment as	Report 1995 Applied For Not Applicable 5 Additional Required 0 May Be d to Fees s. 199 032,
SUITE 1 BOCA RATON FL 33431 2. Principal Place of Business 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. City & State 26. Suite, Apt. #, etc. 27. City & State 28. City & State 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. City & State 20. City & State 21. City & State 21. City & State 21. City & State 22. City & State 23. Mailing Address 24. City & State 25. City & State 26. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. City & State 29. Suite, Apt. #, etc. 21. City & State 21. City & State 22. City & State 23. Mailing Address of Cutrent Registered Agent 24. City & State 25. City & State 26. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. City & State 28. City & State 29. Suite, Apt. #, etc. 21. City & State 29. Suite, Apt. #, etc. 21. City & State 21. City & State 29. Suite, Apt. #, etc. 21. City & State 29. Suite, Apt.	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	12/22/1989 4. FEI Number 65-0165967 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for inflored Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Constitution Submits this statement for the public board of directors. I hereby acceptable of the public of the pub	\$8.75 \$8.75 Fee \$5.0 Adde intangible taxunder Yes No splatered Agent ble) FL 85 Zing the appointment as DATE CERS AND DIRECTO	Applied For Not Applicable Additional Required O May Be d to Fees s. 199.032
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Suite, Apt. #, etc. Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Z	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	12/22/1989 4. FEI Number 65-0165967 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for inflored Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Constitution Submits this statement for the public board of directors. I hereby acceptable of the public of the pub	\$8.75 \$8.75 Fee \$5.0 Adde intangible taxunder Yes No splatered Agent ble) FL 85 Zing the appointment as DATE CERS AND DIRECTO	Applied For Not Applicable Additional Required O May Be d to Fees s. 199.032
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Suite, Apt. #, etc. Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip City & State Zip Suite, Apt. #, etc. Zip Country Signature depricable Invoite Registe Invoite Registered agent and title of applicable Invoite Registe Invoite Regist Invoite Regist Invoite Regist Invoite Regist Invoite Regist Invoite Regis	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable) poration submits this statement for the pution's board of directors. I hereby accept	\$8.75 Fee \$5.0 Adde intangible tax under Yes No egistered Agent ble) FL 85 Zig urpose of changing i t the appointment as	Not Applicable 5 Additional Required 0 May Be d to Fees s. 199 032
City & State City & State Zip Country Zip Sip Sip Sip Signature, typed or printed name of registered agent agent and title if applicable agent in title RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE SIREET ADDRESS 4331 N DIXIE HWY #1 STREET ADDRESS 4331 N DIXIE HWY #1 DELETE 11 DELETE 31 DELETE 31 DELETE 31 DELETE 31 DELETE 31 DELETE 31	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for information Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Provided Statutes) poration submits this statement for the pution's board of directors. I hereby accept	Fee \$5.0 Adde intangible tax under Yes 7 No No No No No No No	O May Be d to Fees s. 199.032, D Code ts registered registered
City & State 23 ZIP ZIP ZIP 25 29 30 9. Name and Address of Current Registered Agent RATHMANNER, CUFF 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 1: 12. OFFICERS AND DIRECTORS 1: 12. OFFICERS AND DIRECTORS 1: 12. DELETE 1: 13. DELETE 21. NAME RATHMANNER, CLIFF 13. DELETE 21. DELETE 22. STREET ADDRESS 4331 N DIXIE HWY #1 22. 23. DELETE 23. DELETE 34. 331 N DIXIE HWY #1 24. DELETE 35. DELETE 36. DELETE 37. DELETE 37. DELETE 38. DELETE 38. DELETE 38. DELETE 39. DELETE 31. DELETE 32. DELETE 33. DELETE 34. DELETE 35. DELETE 36. DELETE 37. DE	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Progration Submits this statement for the pution's board of directors. I hereby accept silied when reinstating)	intangible tax under Yes 7 No eqistered Agent FL 85 Zip urpose of changing it the appointment as	O May Be d to Fees s. 199.032
Zip Country Zip Go 30 9. Name and Address of Current Registered Agent RATHMANNER, CUFF 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 11. PD NAME RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 STREET ADDRESS 4331 N DIXIE HWY #1 NAME HILDEBRANT, V.H. STREET ADDRESS 4331 N DIXIE HWY #1 STREET ADDRESS 4331 N DIXIE HWY #1 DELETE 21 TITLE DIELETE 31 DELETE 31 DELETE 31 DELETE 31	81 Name 82 Street Add 83 84 City above-named corped by the corporat alutes. Bridge Agent signature required Agent signat	8. This corporation has liability for Florida Statutes 10. Name and Address of New Redress (P.O. Box Number is Not Acceptable Provided in the Provided Redress (P.O. Box Number is Not Acceptable Provided Redress (P.O. Box Num	intangible tax under Yes No egistered Agent ble) FL 85 Zin turpose of changing i t the appointment as DATE CERS AND DIRECTO	o Code ts registered registered
PATHMANNER, CLIFF 4331 N DIXIE HWY #1 BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 11TILE PD NAME RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 130 CITY-ST-ZIP BOCA RATON FL 33431 144 STREET ADDRESS 4331 N DIXIE HWY #1 STREET ADDRESS 4331 N DIXIE HWY #1 DELETE 215 CITY-ST-ZIP BOCA RATON FL 33431 145 157 157 158 158 159 169 179 170 180 180 180 180 180 180 180	82 Street Add 83 84 City above-named corped by the corporatalutes. ered Agent signature requipations. TITLE	10. Name and Address of New Redress (P.O. Box Number is Not Acceptable poration submits this statement for the pulsion's board of directors. I hereby accept	FL 85 Zipurpose of changing in the appointment as	ts registered registered
### ### ### ### ### ### #### ### ### #	82 Street Add 83 84 City above-named corped by the corporatalutes. ered Agent signature requipations. TITLE	poration submits this statement for the pution's board of directors. I hereby accept	FL 85 Zing autropes of changing in the appointment as	ts registered registered
### ### ### ### ### ### #### ### ### #	83 84 City above-named corped by the corporatatutes. ared Agent signature required. TITLE NAME	poration submits this statement for the pution's board of directors. I hereby accept	FL 85 Zipurpose of changing it the appointment as	ts registered registered
BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered	above-named corped by the corporat alutes. ared Agent signature required. TITLE	ired when reinstating)	Urpose of changing in the appointment as	ts registered registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent and Intel of applicable. PD NAME RATHMANNER, CLIFF 112 STREET ADDRESS 4331 N DIXIE HWY #1 130 DELETE 141 151 161 172 173 174 175 175 176 177 177 177 178 179 170 170 170 170 170 170 170	above-named corped by the corporat alutes. ared Agent signature required. TITLE	ired when reinstating)	Urpose of changing in the appointment as	ts registered registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida St. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 11. PD RATHMANNER, CLIFF 12. RATHMANNER, CLIFF 13. STREET ADDRESS 4331 N DIXIE HWY #1 13. BOCA RATON FL 33431 14. 17. STREET ADDRESS 4331 N DIXIE HWY #1 22. STREET ADDRESS 4331 N DIXIE HWY #1 22. 23. CITY-ST-ZIP BOCA RATON FL 33431 24. DELETE 31.	ed by the corporate abutes. ered Agent signature required. 3. TITLE NAME	ired when reinstating)	urpose of changing i t the appointment as DATE CERS AND DIRECTO	registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered agent and Intel if applicable) 12. OFFICERS AND DIRECTORS 1. TITLE PD DELETE 1.1 NAME RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 1.3 GITY-ST-ZIP BOCA RATON FL 33431 1.4 TITLE SVTD DELETE 2.1 NAME HILDEBRANT, V.H. 22 STREET ADDRESS 4331 N DIXIE HWY #1 2.2 STREET ADDRESS 2.3 TITLE SVTD DELETE 2.1 NAME HILDEBRANT, V.H. 22 TITLE DO DELETE 3.1	ered Agent signature requisit. 3. TITLE NAME	ifred when reinstating)	DATE CERS AND DIRECTO	
Signature, typed or printed name of registered agent and Inte of applicable 12. OFFICERS AND DIRECTORS 11. TITLE PD NAME RATHMANNER, CLIFF STREET ADDRESS 4331 N DIXIE HWY #1 1.3 BOCA RATON FL 33431 1.4 STREET ADDRESS HILDEBRANT, V.H. STREET ADDRESS 4331 N DIXIE HWY #1 22 23 CITY-ST-ZIP BOCA RATON FL 33431 24 CITY-ST-ZIP BOCA RATON FL 33431 21 CITY-ST-ZIP BOCA RATON FL 33431 24 DELETE 31 DELETE 31	3. TITLE NAME		CERS AND DIRECTO	
TITLE PD	TITLE	ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS			[Change	Addition Addition
CITY-ST-ZIP BOCA RATON FL 33431 1.4 TITLE SVTD	OTACCY (DRS IN 12 9
TITLE SVTD DELETE 2.1 NAME HILDEBRANT, V.H. 22 STREET ADDRESS 4331 N DIXIE HWY #1 23 CITY-ST-ZIP BOCA RATON FL 33431 24 DITLE D DELETE 31	STREET ADDRESS			
STREET ADDRESS 4331 N DIXIE HWY #1 23 CITY-ST-ZIP BOCA RATON FL 33431 24 DELETE 31	TITLE		Change	Addition C
CITY-ST-ZIP BOCA RATON FL 33431 24 THILE D DELETE 31	NAME			
TITLE D DELETE 31	STREET ADDRESS			
NAME I TVA I FINANTISCE, IVILLIAM 191	TITLE		Change	Addition
CONTRACTOR AND	NAME STREET ADDRESS			
BOCA DATON EL 22421	. CITY-ST-ZIP			
AJAKAP	TITLE		Change	Addition
CIDCT ADDRESS	NAME Street address			
OUT OF THE	CITY-ST-ZIP			
history	TITLE		Change	Addition
CTREET ADODGE	NAME STREET ADORESS			
CITY-ST-ZIP 5.4	CITY-ST-ZIP			
HANG.	TITLE		Change	Addition
CTREET ADDRESS	NAME Street adoress			
CITY+ST-ZIP 641	CITY-ST-7IP			
14. I do hereby certify that the information supplied with this filling is voluntarily furnished further certify that the information indicated set this annual report or supplemental annual ender cett, that I am an officer or director of the congretion or the receiver.	and does not qual nual report is true a	lify for the exemption stated in Section 11 and accurate and that my signature shall	19.07(3)(k), Florida S I have the same lega	tatutes. I
made under oath, that I am an officer or ofreolor of the corporation or the receiver or I that my name appears in Block 12 or Block 13 if changed, or on an attachment with an	rustee empowered n address.	d to execute this report as required by Cl	Chapter 617, Florida S	Statutes; and
SIGNATURE: BIGHAPURE AND TYPED OF ARTINTED HAME OF BIGHING OFFICER OR DIRECT		1.4.91	407-318-18 Daylime Phone #	52