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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400086267 (9)

THE EMC3 GROUP, INC.

Principal Place of Business

Mailing Address

17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711

17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1994

Suite. Apt. #, etc. 27 City & State City & S	2. Principal P	Place of Business	2a. Mailing Address					4.	FEI Number		A	pplied For		
City & State City & City	21			26					5 9- 3281172		N	ot Applicable		
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					_	Cartificate of Status Desired		\$8.75	Additional		
28 29 Country Zip	22		27					J.	Certificate of Status Desired		Fee R	equired		
Zip	— ·	te	City & State					6.	Election Campaign Financing		\$5.00	May Be		
S 25 26 30 30 30 30 30 30 30 3	23							<u> </u>	Trust Fund Contribution		Added	to Fees		
S, Name and Address of Current Registered Agent CORSON, EDGAR M III 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 82 Stroet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to this provisions of Sections 607:0502 and 607:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 607:0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I arm familiar with, and accept the obligations of, Section 607:0505, Fortida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I arm familiar with, and accept the obligations of, Section 607:0505, Fortida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OCRSON, EDGAR M III 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. GTI-57:12P TITLE OCRSON, EDGAR M III 17110 MAGNOLIA ISLAND BLVD 1.3 SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA A 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CERMONT FL 34711 14. GTI-57:2P TITLE OCRSON, PATRICIA A 13. SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA A 14. SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA A 15. SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA A 15. SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA A 15. SIRECT ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA ADDITIONS/CHANGES OF ADDRESS CITY-51:2P TITLE OCRSON, PATRICIA ADDITIONS/CHANGES OF ADDRESS COTY-51:2P TITLE OCRSON, PATRICIA ADDRESS COTY-51:2P COTY-51:2P COTY-51:2P C	一 '						 ,			·				
CORSON, EDGAR M III 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 11. Pursuant to the provisione of Secisors 697 0502 and 697 1508, Florida Statutes, the above-named corporation submite 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 beard of directors, 1 hereby accept the appointment as registered agent, and armillar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's beard of directors, 1 hereby accept the appointment as registered agent, and armillar with, and accept the obligations of, Section 607 0505, Florida Statutes, 1 hereby accept the appointment as registered agent, and armillar with, and accept the obligations of, Section 607 0505, Florida Statutes, 1 hereby accept the appointment as registered agent target agent agent and as a septicable. (PIOTE Paglations Agent agration's provided in the provided name of registered agent														
17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 182 Street Address (P.O. Box Number Is Not Acceptable) 183 Street Address (P.O. Box Number Is Not Acceptable) 184 City 185 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named compration submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the compration's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. 182 Street Address (P.O. Box Number Is Not Acceptable) 184 City 185 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named comprations submits this statement for the purpose of changing is registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. 185 City Street Address (P.O. Box Number Is Not Acceptable) 186 City Street Address (P.O. Box Number Is Not Acceptable) 187 City Street Address (P.O. Box Number Is Not Acceptable) 188 Zip Code 198 Zip														
CLERMONT FL 34711 83 STORY 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the nursons of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and armaliar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 12. I ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE OCRSON, EDGAR M III 13. SIREF ADDRESS CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 13. SIREF ADDRESS CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 22. SIREF ADDRESS CITY-51.2P THE OCRSON, EDGAR M III 24. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 23. SIREF ADDRESS 34. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 24. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 25. TITLE 26. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 26. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 27. SIREF ADDRESS 28. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 28. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 28. CITY-51.2P THE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD 29. SIREF ADDRESS 20. SIREF ADDRESS 2							or regine							
11. Pursuant to the provisions of Sections 607 0502 and 607 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 accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607 050S, Florida Statutes. SIGNATURE Signature, hyper or private any or prigomed agent and tits ill applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OCRSON, EDGAR M III 12. WAWE 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 14. CITY-ST-ZP CORSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 14. CITY-ST-ZP DELETE 21. TITLE OCRSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 3 TITLE OELETE 3 TITLE OELETE 3 TITLE OELETE 3 TITLE OELETE 4 TITLE OELETE 3 TITLE OELETE 3 TITLE OELETE 3 TITLE OELETE 3 TITLE OELETE 4 TITLE OELETE 3 TITL							82 Street Address (P.O. Box Number is Not Acceptable)							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the appointment as 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Plorida Statutes. SIGNATURE 12. OFFICIENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. TITLE 15. TI	CLEKMUNI FL 34/11													
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and many and accept the obligations of, Section 607.0505, 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 accept the appointment as 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, 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, or both in the florida agent, and accept the obligation of Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the florida agent, and accept the obligation's Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the appointment as registered agent, in the corporation's corporation agent and size appointment as registered agent and size appoint							53							
11. Pursuant to the provisions of Sections 607-0502 and 607-1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. TITLE 15. OFFICERS AND DIRECTORS 15. TITLE 16. CORSON, EDGAR M III 17. TITLE 17. TITLE 17. TORROW CORSON, PATRICIA A 17. TITLE AUTHOR AND CLERMONT FL 34711 17. TITLE 18. STREET ADDRESS CITY-ST-2P 17. TITLE 18. TITLE 19. CHange Addition 18. STREET ADDRESS CITY-ST-2P 17. TITLE 18. TITLE 19. CHange Addition 19. Change Ad						8	34	City				85 Zip	Code	
SIGNATURE	44 5	1- Min 1-1-1-1		1007.1500	Electric Otto		_L							
SIGNATURE	11. Fursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby account the appointment as registered													
Signature, hyped or printed name of registered agent and title if applicables. (NOTE: Repibered Agent agreetation have necessary) 12	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CORSON, EDGAR M, III 12. SYMME STREET ADDRESS CITY-ST-ZPP CLERMONT FL 34711 DELETE CORSON, PATRICIA A 1710 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 22. SIFEET ADDRESS CITY-ST-ZIP CORSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 33. SIFEET ADDRESS CITY-ST-ZIP TITLE DELETE 33. SIFEET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 5.2 NAME 4.3 SIFEET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE A.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition AS SIFEET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I ZMME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I ZMME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I ZMME 1.3 SIFEET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND ENDIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND IN ITEM ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADD														
TITLE OCORSON, EDGAR M III 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS CLY, ST. 2IP TITLE OCORSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 2.1 TITLE 2.2 NAME 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 SIREET ADDRESS CLY, ST. 2IP TITLE DELETE 4.1 TITLE 3.2 NAME 3.3 SIREET ADDRESS CLY, ST. 2IP TITLE DELETE 4.1 TITLE 3.3 SIREET ADDRESS CLY, ST. 2IP TITLE DELETE 5.1 TITLE 5.3 SIREET ADDRESS CLY, ST. 2IP TITLE DELETE 5.1 SITLE 5.2 NAME SIREET ADDRESS CLY, ST. 2IP TITLE 5.3 SIREET ADDRESS CLY, ST. 2IP CRange Addition AS SIREET ADDRESS CLY, ST. 2IP Addition Addition Addition Addition Addition ADDRESS CLY, ST. 2IP Addition ADDRESS CLY, ST. 2IP Addition Addition Addition Addition Addition Addition ADDRESS CLY, ST. 2IP Addition Addi												NIDECTOR	20 101 10	
NAME STREET ADDRESS CITY-ST-ZPP CLERMONT FL 34711 NAME CORSON, PATRICIA A STREET ADDRESS CITY-ST-ZPP CORSON, PATRICIA A STREET ADDRESS CITY-ST-ZPP CLERMONT FL 34711 DELETE 21 TITLE CORSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZPP CLERMONT FL 34711 DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZPP STADE ADDRESS CITY-ST-ZPP STADE ADDRESS CITY-ST-ZPP DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZPP ADDRESS CITY-ST-ZPP DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZPP ADDRESS CITY-ST-ZPP DELETE 51 TITLE NAME STREET ADDRESS CITY-ST-ZPP CHANGE STREET ADDRESS CITY-ST-ZPP CHANGE STREET ADDRESS CITY-ST-ZPP CHANGE STREET ADDRESS CITY-ST-ZPP STREET ADDRESS CITY-ST-ZPP CHANGE STREET ADDRESS CITY-ST-ZPP STREET ADDRE		D	OF TOLIN AND L	JITLE O TOTAS	DELETE		F			ADDITIONS/CHANGES TO OFF	ICERS AND			
STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 1.3 SIREET ADDRESS CITY-ST-ZIP TITLE D CORSON, PATRICIA A STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 2.2 NAME STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 2.4 CITY-ST-ZIP CLERMONT FL 34711 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT		CORSON, E	DGAR M III									L. Grange		
CITY-ST-ZP CLERMONT FL 34711 IA CITY-ST-ZIP TITLE D CORSON, PATRICIA A 17110 MAGNOLIA ISLAND BLVD CLERMONT FL 34711 CLERMONT FL 34711 DELETE 1.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition CHange Addition CHANGE CHY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 MAME 3.2 MAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition Addition Addition Change Addition Addition Addition Addition Change Addition Add		17110 MACMOLIA ICLAND DIAM						DODECC						
TITLE CORSON, PATRICIA A 22NAME 21NAME CORSON, PATRICIA A 21NAME CORSON, PATRICIA A 21NAME 21NAME CORSON, PATRICIA A 21NAME 22NAME 23 STREET ADDRESS CITY-ST-2IP CLERMONT FL 34711 DELETE 31 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition STREET ADDRESS SACITY-ST-ZIP TITLE Change Addition Addition Addition STREET ADDRESS SACITY-ST-ZIP TITLE Change Addition Add		l			3								I.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS S					DELETE			ZIP				Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 MAME STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE CHANGE DELETE D		CORSON, PA	ATRICIA A											
CITY-ST-ZIP TITLE DELETE 3.1 TITLE SZ MAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ADELETE AL CITY-ST-ZIP TITLE ADELETE ADELETE ADELETE ADELETE ADELETE STREET ADDRESS CITY-ST-ZIP TITLE ADELETE ADELE		17110 MAGN	IOLIA ISLAND BLVD				1							
DELETE DELETE 3.1 TITLE Change Addition	í	CLERMONT	FL 34711	ľ										
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition AAME ADDITION AND AAME ADDITION AAME ADDITION					DELETE				•••			Change	Addition	
STREET ADDRESS								ļ						
CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAddition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP Addition Addition STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP 1.4 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	STREET ADDRESS						-	DORESS						
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP 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						1								
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Addition S2 NAME STREET ADDRESS CITY-ST-ZIP S3 STREET ADDRESS CITY-ST-ZIP Addition S2 NAME STREET ADDRESS CITY-ST-ZIP Addition S4 CITY-ST-ZIP Addition S5 STREET ADDRESS CITY-ST-ZIP Addition S6 A CITY-ST-ZIP Addition S6 A CITY-ST-ZIP S7 A CITY-ST-ZIP					DELETE	_						Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	NAME					4. 2 NAN	ΛE					, ,	_	
CITY-SI-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-SI-ZIP SA CITY-ST-ZIP NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS 6.1 TITLE SA CITY-SI-ZIP Addition Change Addition Addit	STREET ADDRESS							DDRESS						
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY - ST - ZIP TITLE S.1 TITLE 5.4 CITY - ST - ZIP TITLE NAME STREET ADDRESS 6.4 CITY - ST - ZIP 1.4 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														
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 6.3 STREET ADDRESS CITY - ST - ZIP 14. 1 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					DELETE							Change	Addition	
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS S1 STREET ADDRESS 6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 6.3 STREET ADDRESS CITY - ST - ZIP 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	NAME					5.2 NAM	ΙE					_ •		
CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. 1 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	· ·-						_	DORESS						
TITLE 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	į.							[
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	TITLE	·	· · · · · ·		DELETE			.="				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	NAME					6.2 NAM	Ε					•	1	
6.4 CITY-ST-ZIP 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	STREET ADDRESS						-	DDRESS					j	
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	CITY-ST-ZIP					1								
	14. I hereby c	ertify that the info	rmation supplied with	this filing does	not qualify fo	the exem	notic	on stated in S	ection	n 119.07(3)(i), Florida Statutes.	I further cer	tify that the	information	

poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in