

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:55

DOCUMENT # **S45770** (2)

1. Corporation Name
WIT ASSOCIATES, INC.

Principal Place of Business: **7100 TECHNOLOGY DRIVE MELBOURNE FL 32904-8525 US**
Mailing Address: **7100 TECHNOLOGY DRIVE MELBOURNE FL 32904-8525**
OR 1431 HERNDON CIRCLE N.E. PALM BAY, FL. 32905 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/11/1991	05/01/1994
22. Suite, Apt #, etc	27. Suite, Apt #, etc	4. FEI Number	Applied For
23. City & State	28. City & State	59-3059214	Not Applicable
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 199 USF, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRESE, GARY B. 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBECKI, RICHARD	1.2 NAME	BIRON, RICHARD
STREET ADDRESS	7100 TECHNOLOGY DR 2240 S. RIVER RD.	1.3 STREET ADDRESS	7100 TECHNOLOGY DRIVE
CITY ST ZIP	W. MELBOURNE FL MELB. BEACH, FL. 32951	1.4 CITY ST ZIP	W. MELBOURNE FL
TITLE	D	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROVES, LARRY	2.2 NAME	SAVAGE, RICKY
STREET ADDRESS	7100 TECHNOLOGY DR 411 PELICAN KEY	2.3 STREET ADDRESS	7100 TECHNOLOGY DRIVE
CITY ST ZIP	W. MELBOURNE FL MELB. BEACH, FL. 32951	2.4 CITY ST ZIP	W. MELBOURNE FL
TITLE	D - PRESIDENT	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRON, RICHARD	3.2 NAME	HARDING, PHILLIP
STREET ADDRESS	7100 TECHNOLOGY DR	3.3 STREET ADDRESS	7100 TECHNOLOGY DRIVE
CITY ST ZIP	W. MELBOURNE FL	3.4 CITY ST ZIP	W. MELBOURNE FL
TITLE	VICE PRESIDENT	4.1 TITLE	GROVES, JOAN (DIRECTOR) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, RICKY	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	7100 TECHNOLOGY DRIVE
CITY ST ZIP		4.4 CITY ST ZIP	W. MELBOURNE FL
TITLE	DIRECTOR	5.1 TITLE	
NAME	HARDING, PHILLIP	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or 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 an attachment with an affidavit.

SIGNATURE: **Richard M. Biron** 5/26/94 407-725-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48078** (7)

1. Corporation Name
THE PERFECT FIT FOOTWEAR, INC.

Principal Place of Business: **1937 WILTON DRIVE WILTON MANORS FL 33305**
Mailing Address: **1937 WILTON DRIVE WILTON MANORS FL 33305**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 111 N. Federal Hwy**
22 Suite, Apt. #, etc.
23 City & State: **Ft. Lauderdale, FL**
24 Zip: **33304** 25 County: **Broward**

3. Date incorporated or Qualified: **04/26/1991** 3a. Date of Last Report: **03/01/1994**
4. FEI Number: **65-0257475** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RICHARDSON, GEORGE JR.
1937 WILTON DRIVE
WILTON MANORS FL 33305**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE _____ (Corporation types or printed name of registered agent and their representative) (NOTE: Registered Agent signature required when re-electing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GONZALEZ, KATHRYN R.
STREET ADDRESS	328 N.E. 20TH STREET
CITY, ST, ZIP	WILTON MANORS FL
TITLE	D
NAME	RICHARDSON, CATHERINE C.
STREET ADDRESS	1945 WILTON DRIVE
CITY, ST, ZIP	WILTON MANORS FL
TITLE	D
NAME	RICHARDSON, HELEN W.
STREET ADDRESS	1937 WILTON DRIVE
CITY, ST, ZIP	WILTON MANORS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP			
2.1 TITLE	D/Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST, ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or 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 an attachment with an address.

SIGNATURE: *Catherine C. Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Catherine C. Richardson, Secretary

Date: **(05) 568-5799**
Telephone Number

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Sandra B. Mornum
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

05 JUN - 1 11:20

DOCUMENT # **S48103 (3)**

1. Corporation Name
ADVANCED CONCEPTS INTERNATIONAL REALTY INC.

Principal Place of Business	Mailing Address
2500 NW 79 AVE STE 210 MIAMI FL 33122 US	2500 NW 79 AV STE 210 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1991	3a. Date of Last Report 05/24/1994
4. FEI Number 65-0260166	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**MIRANI, LAZARO E
833 SW 87 AVE
S421
MIAMI FL 33174**

10. Name and Address of New Registered Agent
81 Name **HAYMEE J. PRIETO**
82 Street Address (P.O. Box Number is Not Acceptable) **2500 NW 79 AV. SUITE 210**
83
84 City **MIAMI** FL 85 Zip Code **33175**

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 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 agent. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE: **HAYMEE J. PRIETO** Director **5-31-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOBERNA, MANUEL J.
STREET ADDRESS	2500 NW 79 AV #210
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	PRIETO, HAYMEE J.
STREET ADDRESS	2500 NW 79 AVE #210
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	MIRANI, LAZARO E
STREET ADDRESS	2500 NW 79 AVE #210
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or agent empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this declaration.

SIGNATURE: **HAYMEE J. PRIETO** Director **5-31-95 (100) 599-9998**

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FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49371** (5)

1. Corporation Name
MAPES' ROOFING COMPANY

Principal Place of Business: **739 AMBER RD. ORLANDO FL 32807-3421**
Mailing Address: **739 AMBER RD. ORLANDO FL 32807-3421**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1991**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3067999	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent

**BONUS, PHILIP F.
170 E WASHINGTON ST.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the 2 witnesses

Signature of Registered Agent required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MAPES, THEODORE A., JR.
STREET ADDRESS	739 AMBER RD.
CITY, ST, ZIP	ORLANDO FL
TITLE	S
NAME	MAPES, THEODORE A., JR.
STREET ADDRESS	739 AMBER RD.
CITY, ST, ZIP	ORLANDO FL XXX
TITLE	T
NAME	LASITTER, JIMMY M.
STREET ADDRESS	739 AMBER ROAD
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S
23 STREET ADDRESS	MICHAEL J. RIX
24 CITY, ST, ZIP	739 AMBER RD.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or 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 an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15-20-95 12778752
Date Date of Filing

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CORPORATION
ANNUAL REPORT
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FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 1 1995

DOCUMENT # **S50057** (6)
1. Corporation Name
RUBENS LANE, INC.

Principal Place of Business: **235 S. TAMIAHI TRAIL, OSPREY FL 34229, US**
Mailing Address: **3955 TORREY PINES BLVD., SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1991** 3a. Date of Last Report: **03/18/1994**
4. FEI Number: **65-0277930** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26 P.O. Box 458**
Suite, Apt. #, etc.: Suite, Apt. #, etc.:
22 City & State: 27 City & State: **OSPREY FL.**
23 Zip: **24 34229** Country: 29 Zip: **30 34239** Country: **SARASOTA**

9. Name and Address of Current Registered Agent
**MELEHAN, DANIEL E.
3955 TORREY PINES BLVD.
SARASOTA FL 34238**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable):
83 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Typed Name) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	
NAME: MELEHAN, DANIEL E.	12 NAME	12 NAME	
STREET ADDRESS: 3955 TORREY PINES BLVD.	13 STREET ADDRESS	13 STREET ADDRESS	
CITY, ST, ZIP: SARASOTA FL	14 CITY, ST, ZIP	14 CITY, ST, ZIP	
TITLE:	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME:	22 NAME	22 NAME	
STREET ADDRESS:	23 STREET ADDRESS	23 STREET ADDRESS	
CITY, ST, ZIP:	24 CITY, ST, ZIP	24 CITY, ST, ZIP	
TITLE:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME:	32 NAME	32 NAME	
STREET ADDRESS:	33 STREET ADDRESS	33 STREET ADDRESS	
CITY, ST, ZIP:	34 CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME:	42 NAME	42 NAME	
STREET ADDRESS:	43 STREET ADDRESS	43 STREET ADDRESS	
CITY, ST, ZIP:	44 CITY, ST, ZIP	44 CITY, ST, ZIP	
TITLE:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME:	52 NAME	52 NAME	
STREET ADDRESS:	53 STREET ADDRESS	53 STREET ADDRESS	
CITY, ST, ZIP:	54 CITY, ST, ZIP	54 CITY, ST, ZIP	
TITLE:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME:	62 NAME	62 NAME	
STREET ADDRESS:	63 STREET ADDRESS	63 STREET ADDRESS	
CITY, ST, ZIP:	64 CITY, ST, ZIP	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel E. Melehan May 25, 1995 813-966-7731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)