	FEE IS \$61.25	Trust Fund Contribution	on.	Added to Fees	Department of State	:
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VCD	Delete	TITLE		☐ Change	☐ Addition
NAME	CORRELL, GARY		NAME			ļ
STREET ADDRESS	3417 N.E. 31ST AVENUE		STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change	Addition
	CD	CT Delete	NAME		ondings	
NAME	TRIVIGNO, MARSHA					
STREET ADDRESS	1001 N.E. 3RD AVENUE		STREET ADDRESS			í
CITY-ST-ZIP	POMPANO BEACH FL	<u> </u>	CITY-ST-ZIP		<u> </u>	
TITLE	TD	Delete	TITLE		Change	☐ Addition
NAME	EVERETT, DOUGLAS		NAME			ľ
STREET ADDRESS	2200 E. ATLANTIC BLVD.		STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	YAFFE, DANIEL	· ·	NAME			
STREET ADDRESS	1575 S. FEDERAL HWY	i	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		Change	☐ Addition
NAME	FURMAN, FRANK JR	'	NAME			}
STREET ADDRESS			STREET ADDRESS	1		ĺ

12. 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 indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addre

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

CITY-ST-ZIP

CITY-ST-7IP

TITLE NAME STREET ADDRESS 1314 E. ATLANTIC BLVD

POMPANO BEACH FL

☐ Change

Addition