## 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 # 1. Corporation Name

(3)

**FILED** Feb 23 1998 8:00am Secretary of State

27407

13361 052-2422

2/9/98

Principal Place of Business  4440 PGA BOULEVARD  SUITE 600 PALM BEACH GARDENS FL 33410 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/19/1946  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For  Suite, Apt. #, etc.  A440 PGA BOULEVARD  SUITE 600 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/19/1946  4. FEI Number Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.	JVY M.	SMITH COMPANY								
SUITE 60 PAIL BEACH GARDENS FL 3910 US  E. Principal Place of Business  E. Principal Place of	Principal Place of Business Mailing Address					•	i inaliti lihit ajani ajihi dibih atihi	IIII BIBN BIBN BIB	SI BIRSI BIBC	I MEMER HAMI
PALM BEACH CARDENS FL 33410 US US S. Dear Incorporated or Qualified 01/19/1946 S. Dear Incorporated or Qualified 11/19/1946 S. Dear Incorporated or Qualified 12/20 Country S. Dear Incorporation Comparign Financing S. Dear Address of Current Year Intelligence S. Dear Incorporation Comparign Financing S. Dear Address of Current Year Intelligence S. Dear Incorporation Comparign Comparign Financing S. Dear Address of Now Registered Agent S. Dear Address of N				RD OF						
US  3. Deate incorporated or Qualified  O1/19/1946  2. Principal Place of Business  2. Amount of Business  2. Amou		LOADDENC EL BOARD					DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business   2a. Mailing Address   2b. Mailing Address   2c. Sunie. Apl #, etc.   2c. Sunie. Apl #, etc.   3c. Sunie. Apl #, e		1 GARDENS FL 33410								
Principal Rices of Business   2a. Malling Address   4. FEI Number   Sp-0452210   Not Application   Surface A	"		••				, -· · · ·			
Sulfe, Apt #, etc.  City & State  City & Sta	2. Principal F	Place of Business	2a. Mailing Address						TAL	oplied For
City & State  Country  2p  Country  4. Election comparing Financing Trust Fund Contribution  Added to Fees  2p  2p  2p  2s  2p  2s  2p  Country  4. Introduct Country Tax due Just on 20  Personal Property Tax due Just on 20  Personal Property Tax due Just on 20  2p  City & State  City City  L  2s  Street Address of Now Registered Agent  City City  Cit	21		26	26			59-0452210		No	ot Applicable
City & State   Country   Zip		. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Cartificate of Status Desired	$\Box$		
Zip   Country   Zip   Country   Added to Fees	22						B. Continued of States Best of		Fee Re	quired
Zip Country Zp	<b>⊢</b> , '	te	<b>⊢</b> , ′				, ,	П		
2E   2P   20   Personal Property Tax due June 30   Ves   20 No		Country		t						
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Stroet Address (P.O. Box Number is Not Acceptable)  83 BC (ity FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607:1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or boilt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or boilt, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607. 2005; Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607. 2005; Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered policies.  SIGNATURE  12.	<u> </u>	<b>}</b> η '	<b>├</b> ── '	<del></del>			) · · · · · · · · · · · · · · · · · · ·	_		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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 agent. I arm temiliar with, and accept the obligations 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 temiliar with, and accept the obligations of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I arm temiliar 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 signed. I arm temiliar 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 of the purpose of changing its registered signed. I arm temiliar with, and accept the objective of the appointment as registered signed. I arm temiliar with, and accept the objective of the appointment as registered signed. I arm temiliar with, and accept the objective of the appointment as registered defined agent. I arm temiliar with, and accept the objective of the appointment as registered agent. I arm temiliar with, and accept the objective of the appointment as registered defined agent. I arm temiliar with, and accept the objective of the appointment as registered defined agent. I arm temiliar with a purpose of changing its registered agent adventured and an element of the purpose of changing its registered agent adventured and an element of the purpose of changing its registered agent. I arm temiliar with, and accept the objective of the purpose of changing its registered agent adventured and an eleme	241			1301						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  BB Street Address (P.O. Box Number is Not Acceptable)  BB City FL BS Zip Code  11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an terminal with, and accept the obligations of Socilons 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an terminal with, and accept the obligations of Socilons 607.0502 and 607.1508, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and marked agent and tile it applicable  Signature  Signature  Spalline, light or prefetations of incidence agent and tile it applicable  (RNIE Registered Agent agent and tile it applicable  (RNIE Registered Agent agent and tile it applicable  (RNIE Registered Agent agen	C.	T CORPORATION SYSTEM		,,,,	81 Name					
PLANTATION FL 33324  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 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 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 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 the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both accepts and of directors. I hereby accept the appointment as registered agent.  12. CIFIGER AND DIRECTORS 1.1 ITITE    P				-	R2 Street	Addres	ass (P.O. Box Number is Not Acceptable)			
### City ###				Ĺ			SO (1 / S. DOX HOLVIDO) IS HOLVIDOOPK			
11. Pursuant to the provisions 67 Soctions 607 0502 and 607 1508, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Sociole 607.6505, Florids Statutes.  SIGNATURE  Signature, byte of prefer anome of requirement agents and story applicanted. (MOIE Registered Agent alignment required when reintaining)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  NIELSEN, STEVEN E.  12. NAME  NIELSEN, STEVEN E.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. TITLE  NIELSEN, STEVEN E.  15. STREET ADDRESS OF PALM BRANCH DRIVE  GREENSBORO NC  14. CITY.ST-ZIP  16. COAK BRANCH DRIVE  ORGENSBORO NC  14. CITY.ST-ZIP  ADMANS, JR. L  4440 PGA BOULEVARD, SUITE 600  PALM BEACH GARDENS FL 33410  DELETE  3.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  OFFICERS AND DIRECTORS IN 12.  1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1.4 NAME  NIELSEN, STEVEN E.  1.5 STREET ADDRESS  GREENSBORO NC  1.4 CITY.ST-ZIP  ADMANS, JR. L  4440 PGA BOULEVARD, SUITE 600  PALM BEACH GARDENS FL 33410  2.2 NAME  BETLACH, DOUGLAS J  4440 PGA BOULEVARD, SUITE 600  PALM BEACH GARDENS FL 33410  3.3 STREET ADDRESS  OTIY.ST-ZIP  TITLE  VPD  PALM BEACH GARDENS FL 33410  ACTY.ST-ZIP  TITLE  VPD  PALM BEACH GARDENS FL 33410  ACTY.ST-ZIP  TITLE  SCHOOL STATE ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY.ST-ZIP  PALM BEACH GARDENS FL 33410				[*	33					
11. Pursuant to the provisions of Socions 607 50502 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, 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 ag				ļi	B4 City				85 Zip (	Code
SIGNATURE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   14. TITLE			<u></u>				ــــــــــــــــــــــــــــــــــــــ			
12. OFFICERS AND DIRECTORS  TITLE  NAME NIELSEN, STEVEN E. 11 IITLE NAME NIELSEN, STEVEN E. 16-C OAK BRANCH DRIVE GREENSBORO NC  TITLE NAME ADAMS, JR L 4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410  TITLE  T									tment as	registered
NIELSEN, STEVEN E.   12 NAME   13 STREET ADDRESS   4440 PGA BOULEVARD, SUITE 600   DELETE   Addition   DELETE	12.							ICERS AND D	IRECTOR	S IN 12
STREET ADDRESS CITY-ST-ZIP CITYLE CITY-ST-ZIP CITY-ST-	TITLE	P	DELETE	1,1 1111	E	P		X	Change	Addition
CITY-ST-ZIP  GREENSBORO NC  ITILE  ADAMS, JR L  STREET ADDRESS  CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  DELETE  21 TITLE  ADAMS, JR L  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  BETLACH, DOUGLAS J  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  BETLACH, DOUGLAS J  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  DELETE  Addition  Addition  34 CITY-ST-ZIP  TITLE  NAME  PLEDGER, THOMAS R  4440 PGA BOULEVARD, SUITE 600  PALM BEACH GARDENS FL 33410  DELETE  4.1 TITLE  NAME  PLEDGER, THOMAS R  4440 PGA BOULEVARD, SUITE 600  Addition	NAME	1		1.2 NAM	1.2 NAME		SEN, STEVEN E.			
DELETE	ADECHIODODO NO			1.3 STREET ADDRESS		#44C	440 PGA Blvd. Suite 600			
ADAMS, JR L STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410  TITLE T DELETE STREET ADDRESS CITY-ST-ZIP  TITLE DELETE TITLE DELETE STREET ADDRESS CITY-ST-ZIP  TITLE VPD DELETE STREET ADDRESS CITY-ST-ZIP  TITLE VPD DELETE STREET ADDRESS CITY-ST-ZIP  TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			Palm	<u> 1 Beach Gardens, FL</u>			
STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  TITLE T DELETE 31 TITLE BETLACH, DOUGLAS J STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDESN FL 33410  DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDESN FL 33410  DELETE 4.1 TITLE VPD DELETE 4.1 TITLE VPD DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  DELETE 4.1 TITLE VPD Addition AME PLEDGER, THOMAS R 4.2 NAME STREET ADDRESS CITY-ST-ZIP FALM BEACH GARDENS FL 33410  4.4 CITY-ST-ZIP  TITLE S DELETE 5.1 TITLE S CHANGE FRAZIER, PATRICIA B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.2 NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.5 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.5 CITY-ST-ZIP	1					Ĭ		ப	Change	L Addition
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  2.4 CITY-ST-ZIP  TITLE BETLACH, DOUGLAS J STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600 CITY-ST-ZIP PALM BEACH GARDESN FL 33410  DELETE 4.1 TITLE VPD DELETE 4.1 TITLE VPD DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  4.2 NAME STREET ADDRESS CITY-ST-ZIP FALM BEACH GARDENS FL 33410  DELETE 5.1 TITLE S DELETE 5.1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP  TITLE S DELETE 5.1 TITLE S-ATRICIA B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600 S3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410		4440 004 001 004 00 01 000			***					
TITLE  BETLACH, DOUGLAS J  A440 PGA BOULEVARD, SUITE 600 CITY-ST-ZIP  PALM BEACH GARDESN FL 33410  DELETE  JELETE  JEL	i '	BALLA DEACH CARDENIC EL 00440								
NAME BETLACH, DOUGLAS J STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDESN FL 33410  DELETE 4.1 TITLE VPD DELETE 4.1 TITLE VPD DELETE 4.1 TITLE NAME PLEDGER, THOMAS R STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  TITLE S DELETE 5.1 TITLE NAME FRAZIER, PATRICIA B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  DELETE 5.1 TITLE S DELETE 5.1 TITLE NAME FRAZIER, PATRICIA B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  S4 CITY-ST-ZIP  S5 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  S5 STREET ADDRESS CITY-ST-ZIP  PALM BEACH GARDENS FL 33410						<del>                                     </del>			Change	Addition
STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDESN FL 33410  TITLE VPD VPD DELETE A1 TITLE VPD PLEDGER, THOMAS R STREET ADDRESS CITY-ST-ZIP  TITLE S PALM BEACH GARDENS FL 33410  4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP  TITLE S DELETE 5.1 TITLE S CHANGE Addition Change Addition Change Addition Change Addition STREET ADDRESS CITY-ST-ZIP  TITLE S CHANGE STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP  SACTION STREET ADDRESS CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  5.5 CITY-ST-ZIP		<u> </u>				1		-	i Citorigo	
CITY-ST-ZIP PALM BEACH GARDESN FL 33410  3.4. CITY-ST-ZIP  TITLE VPD DELETE 4.1 TITLE Change Addition  NAME PLEDGER, THOMAS R  STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600  LOTY-ST-ZIP PALM BEACH GARDENS FL 33410  TITLE S DELETE 5.1 TITLE  NAME FRAZIER, PATRICIA B  STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600  STREET ADDRESS 63 STREET ADDRESS  CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  5.3 STREET ADDRESS  CITY-ST-ZIP  PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP		THE BOLL BOLL FLUID CLIFF AND								
TITLE VPD DELETE 4.1 TITLE	]	1		•		]				
NAME									Change	Addition
STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  LITLE S PAZIER, PATRICIA B STREET ADDRESS FRAZIER, PATRICIA B STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  4.4 CITY-ST-ZIP  5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP	1			4. 2 NAI						
TITLE S DELETE 5.1 TITLE DELETE 6.1 TITLE Addition  NAME FRAZIER, PATRICIA B  STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600 5.3 STREET ADDRESS  CITY-ST-ZIP PALM BEACH GARDENS FL 33410 5.4 CITY-ST-ZIP			TE 600	4.3 STR	<b>4</b>					
NAME FRAZIER, PATRICIA B  STREET ADDRESS  4440 PGA BOULEVARD, SUITE 600  5.3 STREET ADDRESS  PALM BEACH GARDENS FL 33410  5.4 CITY-ST-ZIP  5.5 CITY-ST-ZIP	CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	4.4 CiTY	'- ST- ZIP					
STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600 5.3 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 5.4 CITY-ST-ZIP	TITLE	I	DELETE	5.1 7ITL	E				Change	Addition
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 5.4 CITY-ST-ZIP	NAME			5.2 NAM	ΙĒ					
	STREET ADDRESS			5.3 STA	eet address					
						<u> </u>		<del></del>	05	Total Reserve

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 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CREECH, MARVENE P.

**GREENSBORO NO** 

16-C OAK BRANCH DRIVE

NAME

STREET ADDRESS