Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 22 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible	COF	E NOW: FILING FEE PROFIT RPORATION UAL REPORT 1999	FLORIDA DEPAR Katherin Secretar	RTMENT OF STATE ne Harris ry of State CORPORATIONS	FILED Apr 30, 1999 Secretary of 04-30-1999 90018 017	8:00 am State
Stort Number P.D. BOX 577 (MALRAH F, 3302 US DO NOT WRITE IN THIS SPACE 2. Phinopal Place of Business 2.a. Malling Address 2.a. Malling Address 3. Data Inscriptionated or Qualified 2. Phinopal Place of Business 2.a. Malling Address 4. FEI Number I Applied Field 2. Phinopal Place of Business 2.a. Malling Address 4. FEI Number I Applied Field 2. Phinopal Place of Business 2.a. Malling Address 5.9. 1164405 Istar Applicable Incorporation over the company Primaring Applied Field 2.1 2.1 2.7 County 2.8. To Address of Status Desired Status Address of Status Desired Status Address of Status Desired Status Address of Rway Beglutered Agent 2.1 2.2 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 1.0 Number In Not Acceptable In Market Address of Kars Registered Agent 1.0 Address of Kars Registered Agent 1.0 Address of Kars Registered Agent 1.0 Number In Not Acceptable In Market 1.0 Address of Kars Registered Agent 1.0 Number In Not Acceptable In Market 1.0 Number	GOODB	OCK, INC.				
Image: Proceedings Za. Making Address 4. FEI Number [8300 N.W. 103RD ST. P.O. BOX 2577 HIALEAH FL 33016 HIALEAH FL 33012				SPACE	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$5. Certificate of Status Desired \$6.75 Additional Fee Regulated 201 21 CUV & Status 6. Decision concepts Francing 35.00 May 5c. 21 Country 21 Country 21 Country 8. This coporation over the current year Informities Personal Property Tax. Ches Note the current year Informities Personal Property Tax. Ches Note 21 20 Country 21 Country 1. This coporation over the current year Informities Personal Property Tax. Ches Note 21 20 Country 21 Country 1. This coporation over the current year Informities Personal Property Tax. Ches Note 21 20 Country 1. This coporation submat the tax Ches Note Ches Note 21 20 Country 21 Ches Status Desired Address of Now Registered Agent Ches	·	Place of Business			4. FEI Number	
City & State Dify & State State <td>Suite, Apt.</td> <td>. #, etc.</td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td>\$8.75 Additional</td>	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
2a 2b 2a 30 Personal Property Tax. 1 Ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUNN, LOWELL S 1010 QUAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) 1010 QUAL AVE 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and second the obligations of, Section 607.0502, and 807.1508, Florida Statutes 1010 VIII. State of Florida State of Florid	City & Stat	te	City & State			\$5.00 May Be
DUNN, LOWELLS 1101 OUAL. AVE MAMM SPRINGS FL 33166 11 11. Dursuant to the provisions of Section 607 0502 and 807 1508. Florids Statutes. In section across of change is authorized by the concretion submits this statement for the provisions of Section florids. Such charge was authorized by the concretion submits this statement for the provision of Section florids. Such charge was authorized by the concretion submits this statement for the provision of Section florids. Such charge was authorized by the concretion is beard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607 0505. Florids Statutes. SIGNATURE Explain the information accept the obligation of Section 607 0505. Florids Statutes. Data the concretion of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607 0505. Florids Statutes. SIGNATURE Explain the full of appointment as registered agent. I am familiar with, and comparison of matter appointment as registered agent. I am familiar with and the proposition. The Registered Agent Agents agent and the proposition. DATE 101. OPFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OPFICERS AND DIRECTORS IN 12. 101. UNN, ECHNELS 13. ADDITIONSICHANGES TO OPFICERS AND DIRECTORS IN 12. 101. OUALL AVE 13. ADDITIONSICHANGES TO OPFICERS AND DIRECTORS IN 12. 101. UNN, ECHNELS 13. Change Addition <		25	29		Personal Property Tax.	Yes No
FL Image: Interpretation 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 Statutes. SIGNATURE Tops: Interpretation of Sections of Sections of Section B070055, Florida Statutes. Signature to the purpose of protect name of registered agent, and other the obligations of Section B070055, Florida Statutes. DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NWE DUNN, LOWELLS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 11TTLE Only and the purpose of the purpose	DUNN, LOWELL S 1101 QUAIL AVE			82 Street Add		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD OUNN, LOWELL S 11TTLE Change Addition NAVE DUNN, LOWELL S 12NWE Change Addition NAVE DUNN, LOWELL S 13STREET ADDRESS Change Addition TTLE DUNN, BETTY L 13STREET ADDRESS Change Addition NAME DUNN, BETTY L 21STREET ADDRESS Change Addition ITLE DUNN, BETTY L 22STREET ADDRESS Change Addition ITLE DUNN, SETTY L 23STREET ADDRESS Change Addition ITLE DUNN, SETTY L 23STREET ADDRESS Change Addition ITLE DUNN, SETTY L 33STREET ADDRESS Change Addition NAME DELETE 33TREET ADDRESS Change Addition NAME DELETE 33TREET ADDRESS Change Addition NAME DELETE 33TREET ADDRESS Change Addition NAME STREET ADDRESS 33STREET ADDRESS Change Addition <td>office or a agent. I a</td> <td>registered agent, or both, in the Sta am familiar with, and accept the obli</td> <td>ate of Florida. Such change was au ligations of, Section 607.0505, Flor</td> <td>es, the above-named corp uthorized by the corporati rida Statutes.</td> <td>poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint</td> <td>changing its registered</td>	office or a agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	es, the above-named corp uthorized by the corporati rida Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registered
CITY-ST-2P MIAMI SPRGS, FL 00000 14 CITY-ST-2P TITLE SD DELETE 21 TITLE Change Addition NAME DUNN, BETTY L 23 STREET ADDRESS 23 STREET ADDRESS Change Addition TITLE I101 QUALL AVE 23 STREET ADDRESS Change Addition TITLE DELETE 31 TITLE Change Addition STREET ADDRESS MIAMI SPRGS, FL 00000 24 CITY-ST-2P Change Addition TITLE DELETE 31 TITLE Change Addition STREET ADDRESS 33 STREET ADDRESS CITY-ST-2P Change Addition TITLE DELETE 31 TITLE Change Addition NAME 32 CITY-ST-2P 42 CITY-ST-2P Change Addition NAME DELETE 51 STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS SITEET ADDRESS CITY-ST-2P Change Addition NAME SITEET ADDRESS SITEET ADDRESS CITY-ST-2P Change Addition NAME SITEET ADDRESS SITEET ADDRES	12.					D DIRECTORS IN 12
Intel DUINN, BETTY L 224WWE STREET ADDRESS 1101 QUAIL AVE 23 STREET ADDRESS CTY-ST.2P MIAMI SPRGS, FL 00000 24 CTY-ST.2P TITLE DELETE 31 TTTLE NAME 32 NAME 33 STREET ADDRESS STREET ADDRESS 33 STREET ADDRESS 44 CTY-ST.2P TITLE DELETE 41 TTTLE NAME 32 NAME 33 STREET ADDRESS STREET ADDRESS 33 STREET ADDRESS CTY-ST.2P 14 CTY-ST.2P TITLE DELETE STREET ADDRESS 44 CTY-ST.2P TITLE DELETE STREET ADDRESS 44 CTY-ST.2P TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CTY-ST.2P 44 CTY-ST.2P TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CTY-ST.2P 54 CTY-ST.2P TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CTY-ST.2P 54 CTY-ST.2P VF.ST.2P 54 CTY-ST.2P VF.ST.2P 63 STREET ADDRESS CTY	NAME STREET ADDRESS	DUNN, LOWELL S 1101 QUAIL AVE		1.2 NAME 1.3 STREET ADDRESS		Change () Addition
ITTLE DELETE 3.1 TTLE Change Addition NAME 32 NAME 33 STREET ADDRESS Graves Addition STREET ADDRESS 34. CTTY-ST-ZIP Change Addition TTLE DELETE 41 TTTLE Change Addition NAME 10 DELETE 41 TTTLE Change Addition NAME 4.2 NAME STREET ADDRESS Addition STREET ADDRESS 4.3 STREET ADDRESS CTY-ST-ZIP Addition TTTLE DELETE 5.1 TTTLE Change Addition NAME STREET ADDRESS STREET ADDRESS Addition Addition STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS Addition STREET ADDRESS S.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS CTY-ST-ZIP 54 CTY-ST-ZIP Change Addition TTTLE DELETE 6.1 TTTLE Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CTY-ST-ZIP TTTLE DELETE 6.1 TTTLE Change Addition	TITLE NAME	SD DUNN, BETTY L		2.1 TITLE 2.2 NAME		Change Addition
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE □ DELETE 4.1 TTLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE □ DELETE NAME 5.1 TTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.1 TTLE TITLE □ DELETE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE NAME 5.1 TTLE STREET ADDRESS 6.1 TTLE CITY-ST-ZIP 5.1 TTLE TITLE 6.1 STREET ADDRESS CITY-ST-ZIP 6.1 TTLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP / 6.3 STREET ADDRESS CITY-ST-ZIP /	TITLE NAME	MIAMI SPRGS, FL 00000	DELETE	3.1 TITLE 3.2 NAME	* * * * * * * * * * * * * * * * *	Change Addition
CTTY-ST-ZIP 44 CTTY-ST-ZIP TITLE DELETE NAME 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CTTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 5.1 TITLE NAME 5.3 STREET ADDRESS CTTY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 0 DELETE NAME 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 indicated on this annual report or supplemental annual report as required by Chapter 607. Florida Statutes. I further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in 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 man 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 man an officer or director of the corporation or the receverever tor truste	CITY-ST-ZIP TITLE NAME			4.1 TITLE 4. 2 NAME		Change Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TTTLE DELETE NAME 6.1 TITLE NAME 62.NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 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 empower to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in	STREET ADURESS			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
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 corperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	TITLE NAME			5.3 STREET ADDRESS 1		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE .	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition