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4. 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 it made under oath. that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  SIGNATURE: When I are the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  SIGNATURE: When I are the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 917, Florida Statutes, and the property of the corporation of the receiver or trusted empowered to execute the property of the corporation of the corporation	IT. Pursuant to office or reagent I an agent I an SIGNATURE  IZ.  ITILE NAME STREET ADDRESS CITY-SI-ZIP FILE NAME STREET ADDRESS	PD CHIN, WING Y 8204 GONDOLA DR ORLANDO FL VSD RABOY, BERNARD 1725 GERTRUDE PLACE MT. DORA FL TD TSCHERFINGER, WILLIA 764 ANTONETTE AV	State of Florida Such change was obligations of Section 607,0505, Fi and agent and site of age trained.  S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	83  84 City  Ites, the above-named corrauthorized by the corporational Statutes.  Ite Registered Agent signature required by the corporational Statutes.  It falls is a superior and signature required by the corporation in	poration submits this statement for the lion's board of directors. Thereby acce ared when renalang	PL 85 Zip Code  purpose of changing its registered pt the appointment as registered  DAIF  ICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition	