and end or priving cannot draw dregolieved agent and title if applicable. (NOTE: Registered Agent agentane trouview when versusing) ?	FILE NOW: FILING FEE AF PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTM Katherine I Secretary of DIVISION OF COR	ENT OF STATE Harris State		999 8:00an y of State	n
Ling Human Mailing Address INCRIT MAIAIN TABLE INCRIT MAIAIN TABLE Suite Apit # elic. Do NOT WRITE IN THIS SPACE Directly Place of Busivess 2.a. Mailing Address 4. FEI Number Incl Apple File OUI (1973) Suite, Apit #, elic. 2.a. Mailing Address 4. FEI Number Incl Apple File OUI (1973) Suite, Apit #, elic. 2.a. Mailing Address 4. FEI Number Incl Apple File Suite, Apit #, elic. 5. Curificate of Shuis Dealed Stock Apple File Address of New Registered Agent Zip Country 2.p. Country 8. Curificate of Shuis Dealed Stold frame 3. Maining Address of Country 2.p. Country 8. Curificate of Shuis Dealed Stold frame Zip Country 2.p. Country 8. Country Restaurated Address of New Registered Agent 9. Name and Address of Correct Registered Agent 9. Name and Address of Correct Registered Agent 9. Name and Address of New Stack File Registered Agent COLUNS, THOMÁS A. N. FT. MYERS FL 33003 Stack Address (PO.) Box Number is Not Acceptable) Stack Address (PO.) Box Number is Not Acceptable) Cottris the exceptable File	Corporation Name	· · ·				
Principal Place of Busines 2a. Maining Address 4. FEI Namber Applied For State, Apt. #, etc. 2a Suite, Apt. #, etc. 50-17354800 No. Applicational Fees Requiring City & State City & State City & State 5. Confictse of Status Desired Fee Requiring City & State City & State City & State 5. Election Catingsign Financing Address of Status Desired City & State 2a Country 2b Country 8. This cooponation overs the current year Intangible 9. Name and Address of Current Registered Agent 9 Name and Address of Current Registered Agent 9 COLLINS, THOMAS A. 9 Name and Address of Current Registered Agent 9 Name and Address of Current Registered Agent COLLINS, THOMAS A. 9 Name and Address of Current Registered Agent 9 Name and Address of Current Registered Agent COLLINS, THOMAS A. 9 Name and Address of Current Registered Agent 9 8 COLLINS, THOMAS A. 9 Name and Address of Current Registered Agent 9 COLLINS, THOMAS A. 9 Name and Address of Current Registered Agent 9 COLLINS, THOMAS A. 9 State Address of Current Registered Agent 9 Coll of the Dest of Fordis State Addres State Address Agent Agent State Addres State Address of	NORTH TAMIAMI TRAIL	2524 NORTH TAMIAMI TRAIL	- · ·	3. Date Incorporated or Qualifed		
V 26 Joint, Apl. #, etc. 300 (LA, Apl. #, etc. 300 (LA, Apl. #, etc. 500 (LA, Apl. #, etc.	Principal Place of Business	2a. Mailing Address				
South rp. In. Het. 27 S. Certification Units South Company Fee Required City & State City & State S. Country S. South Registering Company Added to Fees Zip Country Zip Country Resonal Property Tax Interpret Registering Agent S. Neme and Address of Current Registering Agent 10. Name and Address of New Registering Agent New Registering Agent COLLINS, THOMAS A 81 Name Struct Address (P.O. Box Number Is Net Acceptable) Country Fig. Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Country Fig. Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable) Struct Address (P.O. Box Number Is Net Acceptable)					\$8.75 Add	litional
City & State Trust Fund Contribution Added to Fees Zip Country Zip Country Name and Address of Current Registered Agent 8. This coprodice noves the current year Intangible S. Name and Address of Current Registered Agent 91 Name and Address of Current Registered Agent 91 Name and Address of Nov Registered Agent S. Name and Address of Current Registered Agent 91 Name and Address of Current Registered Agent 91 Name and Address of Nov Registered Agent S. The Country Zip 20 Country 8 91 Name and Address of Nov Registered Agent S. The Country Zip 20 Country 8 91 Name and Address of Nov Registered Agent S. The Country Zip 20 Country 8 91 Name COULINS, THOMAS A. 81 Name 91 Name Status No provisions of Sections 607 0002 and 607 1504, Elonda Status the above name dorporation's board of directors. In brably accept the obligations of Section 607 0505, Florids Statutes. No GRMATURE Country Country Core Core Core Country Core Core 13 ADDITIONSICHANCES TO OFFICERS AND DIRECTORS IN 12 Country Collans, ThOMAS A. 13 Name Core Core <	Suite, Apt. #, etc.	27			\$5 00 M	
Zip Country Zip Country 8. This exponse Property Tax. Ures INo 9. Name and Address of Current Registered Agent 30 10. Name and Address of New Registered Agent INo COULINS, THOMAS A. 51 Name 522 Street Address (P.O. Box Number is Not Acceptable) 283 52524 N: TAMIAM 'TR. 82 Street Address (P.O. Box Number is Not Acceptable) 84 Cluw FL 81 Name 290 Country FL 81 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) FL 81 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) FL 83 Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) FL 84 Cluw is the objection of Street Address of Street Address (P.O. Box Number is Not Acceptable) FL Street Address (P.O. Box Number is Not Acceptable) 82 Street Address of Current Address of Street Address of Address of Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	City & State					
		Zip	-		ent year Intangible]No
COLLINS, THOMAS A. BI Name 2524 N. TAMIAMI TR. N. FT. MYERS FL 33903 84 City 83 City 84 City 84 City 85 City 86 City 87 City 88 City 89 City 84 City 84 City 84 City 84 City 85 Street Address (P.O. Box Number is Net Acceptable) 86 City 87 City 88 City 89 City 88 City 89 City 89 City 89 City 80 City <td>25 9. Name and Address of Current</td> <td></td> <td>·</td> <td>10. Name and Address of New R</td> <td>egistered Agent</td> <td></td>	25 9. Name and Address of Current		·	10. Name and Address of New R	egistered Agent	
SS 2524 N: TAMIAMI'TR. Discrete control N. FT. MYERS FL 33903 Bit Discrete control B3 City FL (a) B4 City FL (a) <t< td=""><td></td><td></td><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td></t<>					· · · · · · · · · · · · · · · · · · ·	
Bar City FL Bar Colspan="2">Bar Colspan="2" FUrguaint 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 eight of books. It have been appointment as registered eight of books. The state of Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered eight of printed state. Corporation's board of directors. I hereby accept the obligations of, Section 607.0505. Florida Statutes. Bornautic trans at registered application. DATE Corpercens AND Directors 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. Collins, ThOMAS A. Is a status. Met Collins, FLOMAS A. Is a status. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. Collins, THOMAS A. It an termilation of statute. OFFICER AND DIRECTORS 13. ADDITIONSICHANGES OFFICERS AND DIRECTORS 13. ACCIVERS AND DIRECTORS IN 12. Collins, FLOMAS A. 12 TIME Collins, FLOMAS A. 12 TIME Colarge			82 Street Add	ress (P.O. Box Number is Not Accepta	DIE)	ļ
Control to the provisions of Sections 607 (502 and 607 (502 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, and accept the obligations of, Section 607 (505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the obligations of, Section 607, G505, Florida Statutes, and accept the application accept the application accept the applications of accept the applications of accept the applications of accept the applications accept the applications accept the applications of accept the applications accept the	2524 Ne TAMIAMIATR.			ووجهج والمؤرف المرود فافلا المرز المراجع		
and the animal mathem with disconsidered agent and title if applicable. (NOTE: Regeleteed Agent applicable. (NOTE: Regeleteed Agent applicable. (DATE Signature. Typed or printed carms of regeleteed agent and title if applicable. (NOTE: Regeleteed Agent applicable. (DATE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WE COLLINS, THOMAS A. 12 NVME Addition WE CORRECTORS 13. Change Addition Nr.ST.2P PUTTA GORDA FL 14 CITY-ST-2P Change Addition VS.T.2P DITA GORDA FL. 23 ITTLE Change Addition VS.T.2P PUTTA GORDA FL. 23 ITTLE Change Addition VS.T.2P PUTTA GORDA FL. 23 ITTLE Change Addition VS.T.2P PUTTA GORDA FL. 24 ACTY-ST-2P Change Addition TREET ADORESS 3807 BORDEAUX DRIVE 23 AVME 33 ITTLE 33 ITTLE 34 ACTY-ST-2P TREET ADORESS 34 CITY-ST-2P Change Addition 4 CITY-ST-2P			83			
3807 BORDEAUX DRIVE 13 STREET ADDRESS PUNTA GORDA FL 14 CTY-ST-ZP TLE DS □ DELETE AME COLLINS, ELAINE F. 3807 BORDEAUX DRIVE 23 STREET ADDRESS PUNTA GORDA FL □ DELETE 21 TTLÉ 23 STREET ADDRESS 3807 BORDEAUX DRIVE 23 STREET ADDRESS PUNTA GORDA FL 2.4 GTY-ST-ZP PUNTA GORDA FL 2.4 GTY-ST-ZP TREET ADDRESS 307 BORDEAUX DRIVE Y-ST-ZP ID DELETE AME 32 STREET ADDRESS ITREET ADDRESS 33 STREET ADDRESS ITREET ADDRESS 33 STREET ADDRESS ITREET ADDRESS 34 CTY-ST-ZP ITR-ST-ZP ID ELETE ATT-ST-ZP ID ELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	N. FT. MYERS FL 33903	and 607.1508, Florida Statutes, of Florida. Such change was auth ions of, Section 607.0505, Florida	84 City	poration submits this statement for the ion's board of directors. I hereby accep	FL 85 Zp Co FL 3335 purpose of changing its re to the appointment as regis	gistered stered
TE DS DELETE 2.1 TTLE Change Precentions AME COLLINS, ELAINE F. 2.3 TREET ADDRESS 2.3 TREET ADDRESS 3807 BORDEAUX DRIVE 2.3 STREET ADDRESS 2.4 CTY-ST-ZP Change Addition TLE DELETE 3.1 TTLE 2.1 TTLE 2.1 TTLE 2.1 TTLE AME DELETE 3.1 TTLE	N. FT. MYERS FL 33903 1. Pursuant to the provisions of Sections 607:0502 office of registered agent, or both, in the State of agent. I am familiar with, and accept the obligation IGNATURE Signature, typed or printed name of registered agent 2. OFFICERS AND	and title if applicable. (NOTE: Re D DIRECTORS	84 City orized by the corporati a Statutes. egistered Agent signature require 13.	ed when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
TLE US 22 NAME AME COLLINS, ELAINE F. 23 STREET ADDRESS 3807 BORDEAUX DRIVE 23 STREET ADDRESS PUINTA GORDA FL 2.4 GTY-ST-ZP TILE DELETE 3.1 TTLE AME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS TREET ADDRESS 34 GTY-ST-ZP TIT-ST-ZP DELETE 4.1 TTLE 1 DELETE 4.2 NAME 43 STREET ADDRESS 34. GTY-ST-ZP DELETE 4.1 TTLE 1 Addition TIT-ST-ZP DELETE 4.2 NAME 43 STREET ADDRESS 34. GTY-ST-ZP 1 DELETE 4.3 STREET ADDRESS 44 GTY-ST-ZP TIT-ST-ZP 1 DELETE 5.1 TTLE 1 Change () Addition TIT-ST-ZP 1 DELETE STREET ADDRESS 44 GTY-ST-ZP TIT-ST-ZP 1 DELETE STREET ADDRESS 53 STREET ADDRESS JTY-ST-ZP 1 DELETE STREET ADDRESS 54 GTY-ST-ZP JTY-ST-ZP 1 DELETE STREET ADDRESS 61 TTLE <t< td=""><td>N. FT. MYERS FL 33903</td><td>and title if applicable. (NOTE: Re D DIRECTORS</td><td>84 City norized by the corporati a Statutes. agistered Agent signature requir 13. 1.1 TITLE 1.2 NAME</td><td>ed when reinstating)</td><td>DATE FICERS AND DIRECTOR</td><td>S IN 12</td></t<>	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS	84 City norized by the corporati a Statutes. agistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
TREET ADDRESS 307 DO NUCLON DI NUCL PUINTA' GORDA FL 2.4 CTY-ST-ZIP TILE 32 NAME AME (V) ARE 33 STREET ADDRESS TITLE (C) ARE (V) AR	N. FT. MYERS FL 33903 Pursuant to the provisions of Sections 607.0502 Office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation IGNATURE Signature, typed or printed name of registered agent COLLINS, THOMAS A. 3807 BORDEAUX DRIVE DUBLE DIA CODDA EI	and title if applicable. (NOTE: Re D DIRECTORS	84 City the above-named corporation astronomic ast	ed when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
TLE DELETE 3.1 TITLE AME 3.2 NAME 3.3 STREET ADDRESS TTY-ST-ZIP TLE AVE AVE <	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS	84 City a Statutes. agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR	S IN 12
3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 5TREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP Change CITY-ST-ZIP DELETE STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE STREET ADDRESS 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP ITTLE IDELETE STREET ADDRESS 5.1 TITLE STREET ADDRESS 5.1 STREET ADDRESS STREET ADDRESS 5.1 TITLE STREET ADDRESS 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	84 City the above-named corporation a statutes. agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTOR	Addition
Important Structure 34. CITY-ST-ZIP Important Structure Important Structure Important Structure 4.1 Imple Important Structure 4.2 NAME Important Structure 1.1 Imple Important Structure	N. FT. MYERS FL 33903 I. Pursuant to the provisions of Sections 607.0502 Office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat IGNATURE Signature, typed or printed name of registered agent Z. OFFICERS ANI T.E MME COLLINS, THOMAS A. 3807 BORDEAUX DRIVE PUNTA GORDA FL TLE DS COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TLE THE COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TLE TLE COLLINS, ELAINE F.	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	84 City orized by the corporation or corporation of the corporatio	ed when reinstating)	DATE FICERS AND DIRECTOR	Addition
AME AME AME AAVE AAVE AAVE AAVE AAVE AAV	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE	84 City orized by the corporational corporational statutes. agistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR	Addition
STREET ADDRESS 43 STREET ADDRESS CTY-ST-ZIP Image: Ima	N. FT. MYERS FL 33903 I. Pursuant to the provisions of Sections 607:0502 Office of registered agent, or both, in the State c agent. I am familiar with, and accept the obligat IGNATURE Signature, typed or printed name of registered agent 2. OFFICERS ANI TLE VME COLLINS, THOMAS A. 3807 BORDEAUX DRIVE PUNTA GORDA FL TLE DS COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TTLE AME COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TTLE AME COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TTLE AME COLLINS, ELAINE F. 3807 BORDEAUX DRIVE TTY-ST-ZIP	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City orized by the corporation or ised by the corporation of th	ed when reinstating)	DATE FICERS AND DIRECTOR Change Change Change	Addition
Intri-St-ZP DELETE 5.1 TITLE Change * , Addition TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Change * , Addition DITY-ST-ZIP 0 DELETE 6.1 TITLE OCTALING 0 DELETE 6.1 TITLE NAME 39.7 30,000-ADF 000-A 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	N. FT. MYERS FL 33903 I. Pursuant to the provisions of Sections 607.0502 Office or registered agent, or both, in the State c agent. I am familiar with, and accept the obligat IGNATURE Signature, typed or printed name of registered agent 2. OFFICERS ANI TLE PDT COLLINS, THOMAS A. 3807 BORDEAUX DRIVE PUNTA GORDA FL TLE DS COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TV-ST-ZIP TLE AME COLLINS, ELAINE F. 3807 BORDEAUX DRIVE PUNTA GORDA FL TV-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City the above-named corporate a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTOR Change Change Change	Addition
AME 52 NAME STREET ADDRESS 53 STREET ADDRESS STY-ST-ZIP 54 CITY-ST-ZIP ITLE DELETE 61 TTLE Change Addition STREET ADDRESS VAME 907 STREET ADDRESS STREET ADDRESS	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	84 City the above-named corporate a Statutes. argistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTOR Change Change Change	Addition
STREET ADDRESS ADJ 54 CITY-ST-ZIP DTY-ST-ZIP DELETE 6.1 TITLE ITTLE 0.01.000000000000000000000000000000000	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City orized by the corporation a statutes. agistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTOR: Change Change Change	Addition
DELETE 6.1 TTLE Change Addition ITTLE 0.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City orized by the corporation a statutes. agistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR: Change Change Change	Addition
6.3 STREET ADDRESS	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City the above-named corporate a Statutes. appistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS	ed when reinstating) 7	DATE FICERS AND DIRECTOR: Change Change Change	Addition
STREET ADDRESS	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City the above-named corporate a Statutes. appistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating) 7	DATE FICERS AND DIRECTOR Change Change Change	Addition
64 CITY-ST-ZIP 64 CIT	N. FT. MYERS FL 33903	and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City the above-named corporate a Statutes. apjistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ed when reinstating) 7	DATE FICERS AND DIRECTOR Change Change Change	Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR