DADELAND POOL CORP.  Trippal Place of Business Mading Address Set 137h CT MARE 1 3183 DO NOT WRITE IN THIS SPACE  Suite, Apt #, etc.  20  Country 20  Coun	PROFIT CORPORATION ANNUAL REPOI <b>1999</b>	N RT		TMENT O THE Harris of State	F STATE	<b>Apr 23,</b> <b>Secreta</b> 04-23-1999		8:00 Stat	
Inspir Flags     Mating Address       Spir 137H CT     SBS SV 137H CT       MAM FL 33180     Country       Principal Place of Business     2a. Mailing Address       State, Apt. R, etc.     State, Apt. R, etc.       State, Apt. R, etc.     State, Apt. R, etc.       Type     Country       Zip     Country       Sites     This corporation ones in Not Acceptable       MCKINNEY, DOROTHY     Sites       Sites     Sites       MAMM FL     Sites       MAMM FL     Sites       MAMM FL     Sites       MAMM FL     Sites       Sites     Sites	Corporation Name								
Principal Flace of Business     2a, Mailing Address     4. FER Number       Suite, Apt. #, etc.     21       Suite, Apt. #, etc.     21       City & State     City & State       State, Apt. #, etc.     20       Zip     Country       Zip     Country       Zip     Country       State     City & State       State, Address of Current Registered Agent       MCKINNEY, DORDTHY       State, Address of Current Registered Agent       MAM FL 33158       Bal       City & State       State, Address (Country City)       State, Address (Country City)       State, State       State, State       State, State       Coty & State       State, State       State       Coty & State       Coty & State       Coty & State </th <th>ncipal Place of Business O SW 137TH CT MI FL 33183</th> <th></th> <th>8680 SW 137TH CT</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	ncipal Place of Business O SW 137TH CT MI FL 33183		8680 SW 137TH CT						
Principal Place of Business     Za     Meminy Address     Solit, Apt, R, etc.       Solite, Apt, R, etc.     Solite, Apt, R, etc.     S. Certificate of Status Desired     \$8, 75 Additional rea Required       City & State     Chy & State     S. Certificate of Status Desired     \$5,001 Mey Be Added to Fees       Zip     Country     Zip     Country     8, This cooperation was the current year Intragolie Personal Property Tax     Yes       Zip     Zip     Zip     Country     8, Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent       MCKINNEY, DOROTHY 8455 SW 110 ST. MIAM FL 33156     81     Name     10, Name and Address of New Registered Agent       20     20     20     20     20     20       21     Streat Address (P.O. Box Number is Not Acceptable)     81     Name       82     Streat Address (P.O. Box Number is Not Acceptable)     82       83     Gity     Forstand Statutes, the above-named coopcration submits this elastement for the submous of charges is registered agent, any mitter with and agent agent was elasted.     10       84     City     Election Campade above result of the acceptable)     83       85     OFF/CERS AND DIRECTORS     100/tes Statutes, the above-result of directors. I wretry accept the appaintent as registered agent, any mitter with and any apparent appaintent approximate as registered agent, any mitter address SW 110 ST.     100/test						3. Date Incorporated or Qualife 11/24/1976			
Suite, Apl. #, etc.	Principal Place of Busines	is						Not	Applicable
City & State       City & State       State       State       State       State       State       State       Added to Pees       Added to Pees         Zip       Country       Zip       Country       Zip       Country       Encode cou	Suite, Apt. #, etc.	<u>.</u>				5. Certifcate of Status Desired		7	
Image: Section 200         Image:	City & State		City & State			Trust Fund Contribution		Added to	•
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       MCKINNEY, DOROTHY 8545 SW 110 ST. MIAMI FL 33156     81     Name       Product 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 efficiency registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered efficiency registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the above- efficiency 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 efficiency registered agent. To Mink and accept the object the object by Status estatus estatus.       CNATURE     To Efficience SAND DIRECTORS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I OFFICERS AND DIRECTORS       We RUSSELL MCKINNEY     DELETE     1.1 mt. 1.1 mt. 2.2 MWE     Change     Addites       We RUSSELL MCKINNEY     DELETE     1.3 interf vioness     Change     Addites       Vis.7.2P     MIAMI FL     DELETE     1.4 cmr.str.2P     Change     Addites       Vis.7.3.2P     MIAMI FL     DELETE     3.1 mt.E     Change     Addites       Vis.7.2P     MIAMI FL     DELETE     3.1 mt.E     Change     Addites       Vis.7.2P     MIAMI FL     DELETE     4.1 mt.E <td< td=""><td>· · ·</td><td></td><td></td><td>_</td><td>ry</td><td>Personal Property Tax.</td><td></td><td>Yes  </td><td>□ No</td></td<>	· · ·			_	ry	Personal Property Tax.		Yes	□ No
MCKINNEY, DOROTHY 8545 SW 110 ST. MJAMI FL 33156			Registered Agent		1 Name	10. Name and Address of Nev	Registered /	Agent	
MANI FL 33158				8	32 Street Addr	ess (P.O. Box Number is Not Acce	ptable)		<u> </u>
Construction       Construction       FL       FL         Pursuant to the provisions 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, and accept the obligations of. Section 607.0505, Florida Statutes.       Date         Statutes       Section 607.0502 and 607.1508, Florida Statutes.       Date       Date         Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and accept the obligations of. Section 607.0505, Florida Statutes.       Date       Date         Statutes, typed or primed name direget and the # applicates.       (NOTE Replaced April agent and the # applicates.       Date       Date       Date         Corp Clears AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Change       Addition (Change)       Addition				1	33				
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation souched the statement for the purpose of changing its registered agent, and accept the obligations of, Sections 607.0502 Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent, and accept the obligations of, Sections 607.0502 Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent, and accept the obligations of, Sections 607.0502 Florida Statutes, the above-named corporation's board of directors, i hereby accept the appointment as registered agent, and the l'applicable. (NOTE: Registered Agent agent, and the l'applicable. (NOTE: Re				Ī	34 City			85 Zip C	ode
E       T       Initial         AE       RUSSELL MCKINNEY       12 NAME         VEET ADDRESS       8545 SW 110 ST.       13 STREET ADDRESS         V.ST-ZP       MIAMI FL       IA CITY-ST-ZP         VEET ADDRESS       23 STREET ADDRESS         V.ST-ZP       MIALMAN, MARK       22 NAME         XEET ADDRESS       S45 SW 110 ST.       23 STREET ADDRESS         V.ST-ZP       MIAMI FL       24 CITY-ST-ZP         V.ST-ZP       MIAMI FL       24 CITY-ST-ZP         V.ST-ZP       MIAMI FL       24 CITY-ST-ZP         VEE       P*       ID ELETE       31 TITLE         V.ST-ZP       MIAMI FL	Pursuant to the provision office or registered agen agent. I am familiar with	ns of Sections 607.0502 at, or both, in the State of , and accept the obligation	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the abo uthorized l rida Statut	ove-named corp by the corporation es.	oration submits this statement for the statement of the statement of directors. I hereby accurate the statement of directors are statement of directors are statement of the sta	he nurnose of	changing its i ntment as reg	registered jistered
Y-ST-2P       IMULMAN, MARK       DELETE       2.1 TTLE       Change       Addi         We       MILLMAN, MARK       22 NAME       23 STREET ADDRESS       Addi         Y-ST-2P       MIAMI FL       2.4 CTY-ST-2P       Change       Addi         Y-ST-2P       MIAMI FL       2.4 CTY-ST-2P       Change       Addi         Y-ST-2P       MIAMI FL       2.4 CTY-ST-2P       Change       Addi         ME       MCKINNEY, DOROTHY       32 NAME       33 STREET ADDRESS       Addi         Y-ST-2P       MIAMI FL       32 NAME       33 STREET ADDRESS       Addi         Y-ST-2P       MIAMI FL       32 NAME       33 STREET ADDRESS       Addi         Y-ST-2P       MIAMI FL       0ELETE       4.1 TTLE       Change       Addi         WE       MILES, JACOUELIN FAYE       4.2 NAME       4.2 NAME       Addi       Addi       Addi         Y-ST-2P       MIAMI FL       0ELETE       4.1 TTLE       Change       Addi         Y-ST-2P       MIAMI FL       0ELETE       4.2 NAME       4.2 NAME       ACTY-ST-2P         Y-ST-2P       MIAMI FL       0ELETE       5.1 TTLE       Change       Addi         Y-ST-2P       MIAMI FL       0ELETE <t< th=""><th>office or registered agen agent. I am familiar with GNATURE Signature, typed or</th><th>printed name of registered agent a</th><th>and title if applicable. (NOTE</th><th>: Registered A</th><th>gent signature require</th><th>vd when reinstating)</th><th>he purpose of cept the appoir DATE</th><th>DDIRECTO</th><th>RS IN 12</th></t<>	office or registered agen agent. I am familiar with GNATURE Signature, typed or	printed name of registered agent a	and title if applicable. (NOTE	: Registered A	gent signature require	vd when reinstating)	he purpose of cept the appoir DATE	DDIRECTO	RS IN 12
MILLMAN, MARK     22 NAME       MILLMAN, MARK     23 STREET ADDRESS       8545 SW 110 ST.     23 STREET ADDRESS       MIAMI FL     2.4 CITY-ST-ZIP       LE     P       MCKINNEY, DOROTHY     32 NAME       8545 SW 110 ST     33 STREET ADDRESS       MAMI FL     32 NAME       AE     MCKINNEY, DOROTHY       8545 SW 110 ST     33 STREET ADDRESS       Y-ST-ZIP     MIAMI FL       Q: ST-ZIP     34 CITY-ST-ZIP       MIAMI FL     Change       AC     34 CITY-ST-ZIP       MIAMI FL     Change       AC     34 CITY-ST-ZIP       MIAMI FL     Change       ARE     DELETE       MILES, JACQUELIN FAYE     42 STREET ADDRESS       Y-ST-ZIP     MIAMI FL       Q: Y-ST-ZIP     DELETE       MIAMI FL     DELETE       Y-ST-ZIP     DELETE       ME     S3 STREET ADDRESS       Y-ST-ZIP     S4 CITY-ST-ZIP       ME     S3 STREET ADDRESS       Y-ST-ZIP     DELETE       LE     DELETE       S1 STREET ADDRESS     S4 CITY-ST-ZIP       ME     S1 STREET ADDRESS       KEE TADDRESS     S1 STREET ADDRESS       KEE TADDRESS     S1 STREET ADDRESS       KEE TADDRESS <td>agent, I am familiar with SNATURE E T KE T RUSSELL N</td> <td>printed name of registered agent a OFFICERS AND</td> <td>and title if applicable. (NOTE</td> <td>Registered A 13. 1.1 TITL 1.2 NAM</td> <td>gent signature require</td> <td>vd when reinstating)</td> <td>he purpose of cept the appoir DATE</td> <td>DDIRECTO</td> <td>RS IN 12</td>	agent, I am familiar with SNATURE E T KE T RUSSELL N	printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE	Registered A 13. 1.1 TITL 1.2 NAM	gent signature require	vd when reinstating)	he purpose of cept the appoir DATE	DDIRECTO	RS IN 12
Y-ST-ZIP       MIAMI FL       2.4 CTY-ST-ZIP         LE       IDELETE       3.1 TITLE       IChange       Addi         WE       MCKINNEY, DOROTHY       3.2 NAME       3.3 STREET ADDRESS       IDELETE       3.4 CITY-ST-ZIP         WE       MIAMI FL       3.4 CITY-ST-ZIP       IDELETE       4.1 TITLE       IDELETE       Addi         V-ST-ZIP       MIAMI FL       3.4 CITY-ST-ZIP       IDELETE       4.1 TITLE       IDELETE       Addi         VEE       S       IDELETE       4.1 TITLE       IDELETE       Addi       IDELETE       Addi         WE       MILES, JACQUELIN FAYE       4.2 NAME       4.2 NAME       IDELETE       Addit       IDELETE       Addit         Y-ST-ZIP       MIAMI FL       4.2 NAME       4.3 STREET ADDRESS       IDELETE	agent, I am familiar with GNATURE E AE AE KEET ADDRESS Y-ST-ZIP AGE registered agen Signature, typed or Signature, typed or Signature, typed or MIAMI FL	printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE) DIRECTORS	: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITN	gent signature require E E E EEET ADORESS (-ST-ZIP	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO	<u></u>
AE       MCKINNEY, DOROTHY       32 NAME         AE       MCKINNEY, DOROTHY       33 STREET ADDRESS         8545 SW 110 ST       3.3 STREET ADDRESS         WIAMI FL       34. CITY- ST-ZIP         E       S       DELETE         MILES, JACQUELIN FAYE       4.1 TITLE         AE       MILES, JACQUELIN FAYE         AE       MILES, JACQUELIN FAYE         V-ST-ZIP       MIAMI FL         V-ST-ZIP       4.3 STREET ADDRESS         V-ST-ZIP       MIAMI FL         AE       DELETE         S1 TITLE       Change         AC CTY-ST-ZIP       AC CTY-ST-ZIP         MIAMI FL       AC CTY-ST-ZIP         MIAMI FL       AC CTY-ST-ZIP         MIAMI FL       AC CTY-ST-ZIP         AEE ADDRESS       S3 STREET ADDRESS         V-ST-ZIP       DELETE         KEET ADDRESS       S3 STREET ADDRESS         Y-ST-ZIP       DELETE         KEET ADDRESS       S4 CITY-ST-ZIP         V-ST-ZIP       DELETE         KEET ADDRESS       S4 CITY-ST-ZIP         KEET ADDRESS       S3 STREET ADDRESS         KEET ADDRESS       S3 STREET ADDRESS         KEET ADDRESS       S3 STREET ADDRESS	office or registered agen agent. I am familiar with SIATURE E E E E E E E T RUSSELL N 8545 SW 1 MIAMI FL E V MILLMAN, I	And accept the obligation printed name of registered agent a OFFICERS AND ACKINNEY 10 ST.	and title if applicable. (NOTE) DIRECTORS	Registered A     13.     1.1 TITL     1.2 NAW     1.3 STR     1.4 CITP     2.1 TITL     2.2 NAW	gent signature require E E EE EET ADDRESS (-ST-ZIP E E E	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO	RS IN 12
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Are       MILES, JACQUELIN FAYE       4.2 NAME         EET ADDRESS       12231 SW 119 PL       4.3 STREET ADDRESS         Arst-zip       MIAMI FL       44 CITY-ST-ZiP         E       DELETE       5.1 TITLE         Are       5.3 STREET ADDRESS         Aret       6.1 TITLE         Change       Add         Aret       6.3 STREET ADDRESS         Aret       6.3 STREET ADDRESS	office or registered agent agent, I am familiar with SNATURE E Taboress E T E RUSSELL N 8545 SW 1 MIAMI FL E V MILLMAN, I EET ADDRESS EET	ACKINNEY 10 ST. MARK 10 ST.	DIRECTORS	Initial Statut           : Registered A           13.           1.1 TITL           1.2 NAN           1.3 STR           1.4 CITD           2.1 TITL           2.2 NAN           2.3 STR           2.4 CIT           3.1 TITL           3.2 NAN	gent signature require E E E E E E E E E E E E E	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO	RS IN 12
ALAMI FL     44 CITY-ST-ZIP       E     DELETE       KE     52 NAME       EET ADDRESS     53 STREET ADDRESS       (-ST-ZIP     54 CITY-ST-ZIP       EET ADDRESS     61 TITLE       KE     63 STREET ADDRESS       EET ADDRESS     63 STREET ADDRESS	office or registered agen agent, I am familiar with SNATURE E T E T E RUSSELL N EET ADDRESS ET ADDRESS EET ADDRESS	ACKINNEY 10 ST. MARK 10 ST.	DIRECTORS	Initial Statut           : Registered A           13.           1.1 TITL           12 NAN           1.3 STR           1.4 CITD           2.1 TITL           2.2 NAN           2.3 STR           2.4 CIT           3.1 TITL           3.2 NAN           3.3 STF           3.4. CIT	gent signature require           gent signature require           E           IE           E <td>vd when reinstating)</td> <td>he purpose of cept the appoir DATE</td> <td>D DIRECTO Change</td> <td>RS IN 12</td>	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO Change	RS IN 12
AE VEET ADDRESS Y-ST-ZIP LE DELETE DELETE DELETE DELETE DELETE C. DELETE DELETE DELETE C. NAME 63 STREET ADDRESS REET ADDRESS FA CITY-ST-ZIP	office or registered agen agent, I am familiar with SNATURE E T EE TADRESS EET ADDRESS EET	ACKINNEY 10 ST. MARK 10 ST. CQUELIN FAYE	DIRECTORS	Registered A     13.     1.1 TITL     12 NAN     1.3 STR     1.4 CITI     2.1 NAN     2.3 STR     2.4 CIT     3.1 TITL     3.2 NAA     3.3 STF     3.4. CIT     4.1 TITL     4.2 NAA	gent signature require es. E E E E E E E E E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO Change	RS IN 12 Addit
54 CITY-ST-ZIP         54 CITY-ST-ZIP           E         DELETE         6.1 TITLE         Change         Add           ME         62 NAME         63 STREET ADDRESS         64 CITY-ST-ZIP         Change         Add	office or registered agen agent. I am familiar with SINATURE E TADRESS E TADRESS E V E MILLMAN, I ST-ZIP E V E MILLMAN, I ST-ZIP E V E MILLMAN, I S545 SW 1 MIAMI FL E V E MILLMAN, I S545 SW 1 MIAMI FL E S S45 SW 1 MIAMI FL E S S E S E S E S E S E S E S E S E S E	ACKINNEY 10 ST. MARK 10 ST. CQUELIN FAYE	ODIA: Such Change was a cons of, Section 607.0505, Flo and title if applicable. (NOTE     ODIRECTORS      ODIRECTORS	Registered A     13.     1.1 TITL     12 NAN     1.3 STR     1.4 CIT)     2.1 TITL     22 NAA     2.3 STR     2.4 CIT     3.1 TITL     3.2 NAA     3.3 STF     3.4 CIT     4.1 TITL     4.2 NAA     4.3 STF     4.4 CIT	gent signature require es. E E E E E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E T ADDRESS Y-ST-ZIP E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO Change Change Change Change	RS IN 12 Addit
AE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	office or registered agent agent, I am familiar with SNATURE E Taboress E T E RUSSELL N 8545 SW 1 NIAMI FL E V E MILLMAN, I 8545 SW 1 MIAMI FL E V E MILLMAN, I 8545 SW 1 MIAMI FL E P MCKINNEY 8545 SW 1 MIAMI FL E S MILES, JAC 12231 SW MIAMI FL E E S MILES, JAC	ACKINNEY 10 ST. MARK 10 ST. CQUELIN FAYE	ODIA: Such Change was a cons of, Section 607.0505, Flo and title if applicable. (NOTE     ODIRECTORS      ODIRECTORS	Composition         Composition           11         TTL           12         NAM           1.3         TTL           1.2         NAM           1.3         STR           1.4         CTD           2.1         TTL           2.2         NAM           2.3         STR           2.4         CTT           3.1         TTL           3.2         NAM           3.3         STF           3.4         CTT           4.1         TTL           4.3         STF           4.4         CTT           5.1         TTTL	gent signature require           gent signature require           E           IE           EET ADDRESS           (-ST-ZIP           E           IE           EET ADDRESS           Y-ST-ZIP           E           IE           IE <td>vd when reinstating)</td> <td>he purpose of cept the appoir DATE</td> <td>D DIRECTO Change Change Change Change</td> <td>RS IN 12 Addit</td>	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO Change Change Change Change	RS IN 12 Addit
Y-ST-ZP 1 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 informatic 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 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 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 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 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 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 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 indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is an annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that is an annual report of the same legal effect as if made under oath; that is an annual report of the same legal effect as if made under oath; that is an annual report of the same legal effect as if made under oath; that is an annual report of the same legal effect as if made under oath; that is an annu	office or registered agent agent, I am familiar with SINATURE E Taboress E T E RUSSELL N 8545 SW 1 NIAMI FL E V E MILLMAN, I ST-ZIP E V E MILLMAN, I ST-ZIP E NIAMI FL E S S MIAMI FL E S S MILES, JAC 12231 SW MIAMI FL E S MILES, JAC 12231 SW MIAMI FL E S MILES, JAC	ACKINNEY 10 ST. MARK 10 ST. CQUELIN FAYE	OPICIAL SUCH Change was a cons of, Section 607.0505, Flo and title if applicable. (NOTE     OPIRECTORS     OPIRECTORS	Composition         Composition           11         TTL           12         NAM           1.3         TTL           1.2         NAM           1.3         STR           1.4         CTD           2.1         TTL           2.2         NAM           2.3         STR           2.4         CTT           3.1         TTTL           3.2         NAM           3.3         STF           3.4         CTT           4.1         TTTL           4.3         STF           4.4         CTT           5.1         TTTL           5.2         NAM           5.3         STF           5.4         CTT	gent signature require           gent signature require           E           IE           EE           V-ST-ZIP           E           IEE	vd when reinstating)	he purpose of cept the appoir DATE	D DIRECTO Change Change Change Change Change	RS IN 12 Addi Addi
officer or director of the comporation or the receiver of inside emonworld to execute this report as required to execute the execut	office or registered agen agent, I am familiar with SINATURE E T RUSSELL N 8545 SW 1 MIAMI FL E V MILLMAN, I SA55 SW 1 MIAMI FL E V MILLMAN, I MIAMI FL E P MILLMAN, I MIAMI FL E S AE AE AE AE AE AE AE AE AE AE AE AE AE	And accept the obligation of and accept the obligation of FICERS AND ACKINNEY 10 ST. MARK 10 ST. DOROTHY 10 ST CQUELIN FAYE 119 PL	PIDIDA: SUCH Change was a cons of, Section 607.0505, Flo and title if applicable. (NOTE      DIRECTORS     DELETE     DELETE     DELETE     DELETE     DELETE     DELETE	Initial         Statut           : Registered A         13.           1.1 TITL         12 NAM           1.3 STR         1.4 CITP           2.1 TITL         22 NAM           2.3 STR         2.4 CIT           3.1 TITL         3.2 NAM           3.3 STF         3.4 CIT           3.4 CIT         4.1 TITL           4.2 NAM         3.3 STF           3.4 CIT         5.1 TITL           5.1 TITL         5.2 NAM           5.3 STF         5.4 CIT           5.4 CIT         6.3 STF           5.4 CIT         6.3 STF	gent signature require es. gent signature require E E E E E E E E E E E E E E E E E E E	d when reinstating) ADDITIONS/CHANGES TO (	DATE DATE DFFICERS AN	D DIRECTO Change Change Change Change Change Change Change	RS IN 12 Addit