Suite, Apt. #, etc.         Fast Required         Fast Required           22         City & Statu         22         City & Statu         Status, Desired         Status, St	COR ANNU	PROFIT PORATION JAL REPORT <b>1998</b>		Secre	ARTMENT OF STATE <b>B. Mortham</b> lary of State CORPORATIONS		1998 8:00ai ary of State
Prince of Business       Mains Address         LUDERDALE LAKES FL 3319       All in State Rob 7 LUDERDALE LAKES FL 3319         LUDERDALE LAKES FL 3319       Linking Address         2. Principal Place of Business       Ze. Molting Address         2. Principal Place of Business       Ze. Molting Address         2. Principal Place of Business       Ze. Molting Address         Solie, April 4, etc.       Solie, April 4, etc.         Zel       Solie, April 4, etc.         Solie, April 4, etc.       Solie, April 4, etc.         Zel       City 6 State         Zel       Country         Zel       City 6 State         Zel       Country         Zel       Country         Zel       Country         Solie, April 4, etc.       Solie Address of April 4, etc.         Zel       Country         Zel       Country         Solie Address of Country       Zel         Zel       Country         Solie Address of Country       Zel         Solie Address of Country       Zel         Zer       Country         Solie Address of Country       Zel         Zer       Country         Rest Required agent tentinduced conterpolie registered agent				(6)		( NORTH ANNA ANNA ANNA ANNA ANNA ANNA	
Principal Place of Business         Par. Mining Address         Applicate Sec.           21         22         Suite, Apl. #, etc.	4179 N. STATI	e Road 7	•	4179 N. STATE ROAD			
2. Proc_pice Proc.     2a. Mainly Address     4. FEI Number							d
Suble, Apl. #, etc.     Strike, Apl. #, etc.     Strike, Apl. #, etc.     Strike, Apl. #, etc.       22     City & Status     C. Certificate of Status, Desired     \$5.00 May Be       21     Zip     Country     Election Campaign Financing     \$5.00 May Be       22     Zip     Zip     Country     Election Campaign Financing     \$5.00 May Be       21     Zip     Zip     Zip     Country     Election Campaign Financing     \$5.00 May Be       23     Zip     Zip     Country     Election Campaign Financing     \$5.00 May Be       24     Zip     Zip     Country     Election Campaign Financing     \$5.00 May Be       34     District Address of Over Registered Agent     Image: Signature Address of Over Registered Agent     Image: Signature Address of Over Registered Agent       40     City & Election Status, Desire of Signature Address of Over Registered Agent     Image: Signature Address of Over Registered Agent     Image: Signature Address of Over Registered Agent       41     Particle Address of Over Registered Agent     Image: Signature Address of Over Registered Agent     Image: Signature Address of Over Registered Agent       42     City & Election Campaign Financing     Signature Address of Over Registered Agent     Image: Signature Address of Over Registered Agent       43     City & Election Campaign Financing Signater Address of Over Registered Agent     Image: S	2. Principal Pla	ace of Business	28	. Mailing Address		4. FEI Number	Applied For
22       27       City & State       City & State       City & State       2       City & City & State       2       2       2       City & State       2       City & City & City & State       2       City &		4 als	26	Cuite Apl 4 ato		59-1848906	
City & State     City & State     6. Explosito Campaign Financing     \$5.00 May base       20     20     Country     20     True Fund Contribution     Added to Fees       21     22     30     Country     30     True Fund Contribution     Added to Fees       22     30     20     Country     30     True Fund Contribution     Added to Fees       23     30     30     Country     30     True Fund Contribution     Added to Fees       24     23     30     10     Name and Address of New Registered Agent     Part country     10     Name       25     26     27     20     20     20     20     20     20     20       26     27     20     20     20     20     20     20     20     20       26     28     28     20     20     20     20     20     20       26     28     29     20     20     20     20     20       27     28     29     20     20     20     20     20       28     20     20     20     20     20     20     20       29     20     20     20     20     20     20     20		#, ØC.	27	Suite, Api. #, eic.		5. Certificate of Status Desired	<b>+</b>
Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Personal Property Tax due June 30.         Image: Section 2010         Image: Section 2010 <thimage: 2010<="" section="" th="">         Image: Section 2010         Image: Section 2010</thimage:>	City & State		28				
S. Name and Address of Current Registered Agent     WiNKELMAN, JEFFRY     STOB BANYAN COURT     TAMARAC, FL CFL S3321     Street Address (P.O. Box Number is Not Acceptable)     Street Address     Street Address (P.O. Box Number is Not Acceptable)     Street Address     St	·		·	Zip			
BYOR BANYAN COURT TAMARAC, FL CFL 33321       Image: Street Address (P.O. Box Number is Not Acceptable)         62       Bit Control (P.O. Box Number is Not Acceptable)         64       City       FL         65       Bit Control (P.O. Box Number is Not Acceptable)         64       City       FL         65       Bit Control (P.O. Box Number is Not Acceptable)         66       City       FL         67       City       FL         68       Bit Control (P.O. Box Number is Not Acceptable)         69       City       FL         60       City       FL         60       City       FL         60       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         600       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         600       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         61       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         62       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         62       City       FL       Strest Address (P.O. Box Number is Not Acceptable)         63       City       FL       Strest Address (P.O. Box Number is Not	·····			slered Agent			
TAMARAC, FL CFL 33321       Interview of the construction of th					81 Name		
Image: Stress of Society Soci					82 Street Add	dress (P.O. Box Number is Not Accept	able)
IT       Pursuant to the provisions of Societions 607 0502 and 607 1508, Florida Statutes, the above-mande 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.         SIGNATURE       Immediate the number of applicated agent agent as the applicate agent and the agent ag							
11. Pursuant to the provisions of Socions 607.0502 and 607.1509, 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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation'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 comporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change at a directors. I hereby accept thereby accept the appointent agent and accept t	IAN				83		
agent. I am tamilar with, and accopt the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE         It       OF FICE RS AND DIRECTORS         It       OF FICE RS AND DIRECTORS         WINKELMAN, JEFFRY       It         SIGNATURE       It         WINKELMAN, JEFFRY       It         STRET ADDRESS       It         CITY-ST-2IP       It         TAMARAC FL       It         It       It         STRET ADDRESS       It         CITY-ST-2IP       It         TILE       It         NAME       It         STRET ADDRESS       It         CITY-ST-2IP       It         TILE       It         It       It         STRET ADDRESS       It         CITY-ST-2IP       It         It       It         It       It         It       It         STRET ADDRESS       It         CITY-ST-2IP       It         It       It         STRET ADDRESS       It         CITY-ST-2IP       It         It       It         It       It         STRET ADDRESS       It <th>IAN</th> <th>INNO, 1 E 01 E 00</th> <th></th> <th></th> <th></th> <th></th> <th>EI 85 Zip Code</th>	IAN	INNO, 1 E 01 E 00					EI 85 Zip Code
Bigediter, speed or printed date of triggatorial agent and fire? Appelicable         (NOTE Proglettered Agent signature inequited wind remaining)         DATE           12.         OF FICE RIS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           NAME         WINKELMAN, JEFFRY         DELETE         11 TITLE         Change         Addition           NAME         WINKELMAN, JEFFRY         12 NAME         13 STREET ADDRESS         Change         Addition           STREET ADDRESS         37 MARAAC FL         14 CITY-ST-27P         Change         Addition           NAME         22 NAME         23 STREET ADDRESS         Change         Addition           STREET ADDRESS         23 STREET ADDRESS         Change         Addition           NAME         22 NAME         23 STREET ADDRESS         Change         Addition           STREET ADDRESS         23 STREET ADDRESS         CHANGES         Change         Addition           NAME         32 NAME         33 STREET ADDRESS         CHANGE         Change         Addition           NAME         32 NAME         33 STREET ADDRESS         CHANGE         Change         Addition           NAME         32 NAME         33 STREET ADDRESS         CHANGE         Change         Addition				307, 1508, Florida Statu	84 City	rooration submits this statement for the	
TITLE       PD       DELETE       1.1 TITLE       Change       Addition         NAME       WINKELMAN, JEFFRY       12 NAME       12 NAME       12 NAME       13 STREET ADDRESS       14 STREET ADDRESS       15 STREET ADDRESS	11. Pursuant 16 office or re agent. I an	o <b>the</b> provisions of Se	ctions 607.0502 and 6	607, 1508, Florida Statu ida, Such change was if, Section 607,0505, F	84 City Ites, the above-named cor authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	
NAME     WINKELMAN, JEFFRY     12 NAME       STREET ADDRESS     8709 BANYAN COURT     13 STREET ADDRESS       CITV-ST-ZIP     14 CITV-ST-ZIP       TITLE     DELETE       21 NAME     23 STREET ADDRESS       CITV-ST-ZIP     24 CITY-ST-ZIP       TITLE     DELETE       21 NAME     23 STREET ADDRESS       CITV-ST-ZIP     24 CITY-ST-ZIP       TITLE     DELETE       31 NILE     Change       Addition       STREET ADDRESS       CITY-ST-ZIP       TITLE       DELETE       31 NILE       STREET ADDRESS       CITY-ST-ZIP       TITLE       DELETE       31 NILE       STREET ADDRESS       CITY-ST-ZIP       TITLE       DELETE       31 NILE       STREET ADDRESS       CITY-ST-ZIP       TITLE       DELETE       10 FLETE       11 NILE       11 NILE <t< td=""><td>11. Pursuant la office or re agent. I an SIGNATURE</td><td>o the provisions of Se gistered agent, or bo n familiar with, and ac Signature, typed or printed ha</td><td>ictions 607.0502 and 6 hh, in the State of Flori coopt the obligations o</td><td>e if applicable (NC</td><td>84 City Ites, the above-named cor authorized by the corpora forida Statutes.</td><td>vired when reinslating)</td><td>PL purpose of changing its registered sept the appointment as registered DATE</td></t<>	11. Pursuant la office or re agent. I an SIGNATURE	o the provisions of Se gistered agent, or bo n familiar with, and ac Signature, typed or printed ha	ictions 607.0502 and 6 hh, in the State of Flori coopt the obligations o	e if applicable (NC	84 City Ites, the above-named cor authorized by the corpora forida Statutes.	vired when reinslating)	PL purpose of changing its registered sept the appointment as registered DATE
CITY-ST-ZIP         TAMARAC FL         14 CITY-ST-ZIP           TITLE         DELETE         21 TITLE         Change         Addition           NAME         22 MAME         23 STREET ADDRESS         23 STREET ADDRESS         24 CITY-ST-ZIP           CITY-ST-ZIP         24 CITY-ST-ZIP         24 CITY-ST-ZIP         24 CITY-ST-ZIP         24 CITY-ST-ZIP           NAME         33 STREET ADDRESS         33 STREET ADDRESS         27 VITY-ST-ZIP         24 CITY-ST-ZIP           NAME         33 STREET ADDRESS         33 STREET ADDRESS         34 CITY-ST-ZIP         1 Change         Addition           NAME         DELETE         41 TITLE         1 Change         Addition         1 Addition           NAME         1 DELETE         41 TITLE         1 Change         Addition           NAME         1 DELETE         41 TITLE         1 Change         Addition           NAME         1 DELETE         41 TITLE         1 Change         Addition           TITLE         1 DELETE         51 TITLE         1 Change         Addition           NAME         52 NAME         53 STREET ADDRESS         1 STREET ADDRESS         1 Change         Addition           STREET ADDRESS         53 STREET ADDRESS         53 STREET ADDRESS         1 Change	11. Pursuant la office or re agent. I an SIGNATURE 12.	o <b>the</b> provisions of Se gistered agent, or bo n <b>famili</b> ar with, and ac St <b>oneture</b> , typed or printed na	ictions 607.0502 and 6 hh, in the State of Flori coopt the obligations o	of, Section 607.0505, F elifapplicable (NC CTORS	84 City Jtes, the above-named cor authorized by the corpore lorida Statutes. IC Registered Agent sensitive required 13.	vired when reinslating)	DATE FICERS AND DIRECTORS IN 12
TITLE       DELETE       2.1 TITLE       Change       Addition         NAME       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       Change       Addition         STREET ADDRESS       2.4 CITY-ST-ZIP       2.4 CITY-ST-ZIP       Change       Addition         NAME       3.1 TITLE       DELETE       3.1 TITLE       Change       Addition         NAME       3.2 NAME       3.2 NAME       3.4 CITY-ST-ZIP       Change       Addition         CTY-ST-ZIP       3.4 CITY-ST-ZIP       3.4 CITY-ST-ZIP       Change       Addition         CTY-ST-ZIP       3.4 CITY-ST-ZIP       Change       Addition         NAME       3.4 CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       City-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       4.3 STREET ADDRESS       City-ST-ZIP       Change       Addition         NAME       DELETE       STITUE       Change       Addition       STREET ADDRESS       City-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       City-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       STREET	11. Pursuant la office or re agent. I an SIGNATURE 12. TITLE	o the provisions of Se gistered agent, or bo n familiar with, and ac Stendure, typed or printed ha PD WINKELMAN, JE	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	of, Section 607.0505, F elifapplicable (NC CTORS	84         City           ules, the above-named cor         authorized by the corpore           iorida Statutes.         Statutes.           DIE Registered Agent signature required         13.           1.1 TITLE         Statute	vired when reinslating)	DATE FICERS AND DIRECTORS IN 12
NAME       22 NAME         STREET ADDRESS       23 STREET ADDRESS         CITY-ST-ZIP       24 CITY-ST-ZIP         TITLE       DELETE         NAME       32 NAME         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       34 CITY-ST-ZIP         NAME       32 NAME         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       34 CITY-ST-ZIP         OTH-ST-ZIP       34 CITY-ST-ZIP         NAME       10 DELETE         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       43 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       54 CITY-ST-ZIP         STREET ADDRESS       54 CITY-ST-ZIP         STREET ADDRESS       54 CITY-ST-ZIP         STREET ADDRESS       54 CITY-ST-ZIP         STREET ADDRESS       61 TITLE         STREET ADDRESS	11. Pursuant II office or re agent. I an SIGNATURE 12. TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	of, Section 607.0505, F elifapplicable (NC CTORS	84     City       utes, the above-named corration     authorized by the corpore       ilorida Statutes.     Statutes.       010     Registered Agent signature required       13.     1.1 TITLE       12 NAME	vired when reinslating)	DATE FICERS AND DIRECTORS IN 12
CITY-ST-ZIP       2.4 CITY-ST-ZIP         TITLE       DELETE         NAME       32 NAME         STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       34. CITY-ST-ZIP         TITLE       DELETE         AMME       4. CITY-ST-ZIP         TITLE       DELETE         AMME       4. CITY-ST-ZIP         TITLE       DELETE         AMME       4. CITY-ST-ZIP         CITY-ST-ZIP       4. CITY-ST-ZIP         TITLE       DELETE         AMME       4. STREET ADDRESS         CITY-ST-ZIP       4. CITY-ST-ZIP         MAME       DELETE         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         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         STREET ADDRESS       5.3 STREET ADDRESS         STREET ADDRESS       6.3 STREET ADDRESS	11. Pursuant II office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	of, Section 607.0505, F ell'applicable (NC CTORS	84         City           utes, the above-named correlation         authorized by the corpore           ilorida Statutes.         ilorida Statutes.           DTE         Registered Agent signature requires           13.         1.1 TITLE           12 NAME         1.3 STREET ADDRESS           1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP	vired when reinslating)	DATE
TITLE     DELETE     3.1 TITLE     Change     Addition       NAME     32 NAME     33 STREET ADDRESS     33 STREET ADDRESS       STREET ADDRESS     34 CITY - ST - ZIP     34 CITY - ST - ZIP       TITLE     DELETE     4.1 TITLE     Change     Addition       NAME     4.2 NAME     4.2 NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS     4.3 STREET ADDRESS       CITY - ST - ZIP     4.4 CITY - ST - ZIP     Change     Addition       TITLE     DELETE     5.1 TITLE     Change     Addition       NAME     STREET ADDRESS     4.4 CITY - ST - ZIP     Change     Addition       TITLE     DELETE     5.1 TITLE     Change     Addition       NAME     STREET ADDRESS     5.3 STREET ADDRESS     CITY - ST - ZIP       TITLE     DELETE     5.1 TITLE     Change     Addition       NAME     S3 STREET ADDRESS     S3 STREET ADDRESS     CITY - ST - ZIP       TITLE     DELETE     6.1 TITLE     Change     Addition       NAME     SIREET ADDRESS     S3 STREET ADDRESS     STREET ADDRESS     STREET ADDRESS	11. Pursuant II office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	of, Section 607.0505, F ell'applicable (NC CTORS	84         City           Jtes, the above-named corr         authorized by the corpore           Iorida Statutes.         Iorida Statutes.           DIC         Registered Agent signature requires           13.         1.1 TITLE           12 NAME         1.3 STREET ADDRESS           1.4 CITY-ST-ZIP         2.1 TITLE	vired when reinslating)	DATE
NAME     32 NAME       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-ZIP     34 CITY-ST-ZIP       TTLE     DELETE       NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     44 CITY-ST-ZIP       TTLE     DELETE       STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     44 CITY-ST-ZIP       TITLE     DELETE       STREET ADDRESS     52 NAME       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-ZIP     54 CITY-ST-ZIP       TITLE     DELETE       STREET ADDRESS     53 STREET ADDRESS       STREET ADDRESS     61 TITLE       STREET ADDRESS     63 STREET ADDRESS	11. Pursuant lu office or re agent. 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	of, Section 607.0505, F ell'applicable (NC CTORS	84         City           Jtes, the above-named corr         authorized by the corpore           ilorida Statutes.         Statutes.           DIC         Registered Agent signature required           13.         1.1 TITLE           12 NAME         1.3 STREET ADDRESS           1.4 CITY-ST-ZIP         2.1 TITLE           2.2 NAME         2.2 NAME	vired when reinslating)	DATE
STREET ADDRESS       3.3 STREET ADDRESS         CITY-ST-ZIP       3.4 CITY-ST-ZIP         TTLE       DELETE         AAME       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS       5.2 NAME         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         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         STREET ADDRESS       5.3 STREET ADDRESS	11. Pursuant In office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	M. Section 607.0505, F	84     City       Jtes, the above-named corr     authorized by the corpore       Ilorida Statutes.       DIC     Registered Agent signature requires       13     1.1 TITLE       12 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	vired when reinslating)	PL         purpose of changing its registered         Date         DATE         ICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
TILE     DELETE     4.1 TITLE     Change     Addition       NAME     4.2 NAME     4.3 STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     4.4 CITY-ST-ZIP     11TLE     Change     Addition       TITLE     DELETE     5.1 TITLE     Change     Addition       NAME     5.2 NAME     5.3 STREET ADDRESS     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     5.3 STREET ADDRESS     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     5.3 STREET ADDRESS     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     5.3 STREET ADDRESS     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     6.4 CITY-ST-ZIP     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     6.4 CITY-ST-ZIP     Change     Addition       STREET ADDRESS     5.3 STREET ADDRESS     6.4 CITY-ST-ZIP     Change     Addition       STREET ADDRESS     6.3 STREET ADDRESS     6.3 STREET ADDRESS     Change     Addition	11. Pursuant to office or re agent. 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	M. Section 607.0505, F	84         City           Jtes, the above-named corr authorized by the corpore forida Statutes.           DIC Registered Agent signature requinance 13.           1.1 TITLE           1.2 NAME           1.3 STREET ADDRESS           1.4 CITY-ST-ZIP           2.1 TITLE           2.8 STREET ADDRESS           2.4 CITY-ST-ZIP           3.1 TITLE	vired when reinslating)	PL         purpose of changing its registered         Date         DATE         ICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     4.4 CITY-ST-ZIP       TITLE     DELETE       STREET ADDRESS     5.1 TITLE       NAME     5.2 NAME       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     1 DELETE       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     1 DELETE       STREET ADDRESS     5.3 STREET ADDRESS       STREET ADDRESS     5.4 CITY-ST-ZIP       TITLE     1 DELETE       STREET ADDRESS     6.4 CITY-ST-ZIP	11. Pursuant to office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	M. Section 607.0505, F	84         City           Jtes, the above-named corr authorized by the corpora forida Statutes.           DIE         Registered Agent signature required 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	vired when reinslating)	PL         purpose of changing its registered         Date         DATE         ICERS AND DIRECTORS IN 12         Change       Addition         Change       Addition         Change       Addition
STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     4.4 CITY-ST-ZIP       TITLE     DELETE       STREET ADDRESS     5.1 TITLE       STREET ADDRESS     5.2 NAME       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     DELETE       6.1 TITLE     Change       Addition       NAME       STREET ADDRESS	11. Pursuant le office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84     City       Jtes, the above-named corr authorized by the corpore forida Statutes.       DIE     Registered Agent signature required 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	vired when reinslating)	PL         purpose of changing its registered         DATE         ICERS AND DIRECTORS IN 12         Change       Addition
CITY-ST-ZIP     4.4 CITY-ST-ZIP       TITLE     DELETE       NAME     5.2 NAME       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     DELETE       6.1 TITLE     Change       Addition       NAME       STREET ADDRESS       6.2 NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS	11. Pursuant le office or re agent. 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84     City       Jies, the above-named corr authorized by the corpora lorida Statutes.       DIE     Registered Agent signature required 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       4.1 TITLE	vired when reinslating)	PL         purpose of changing its registered         DATE         ICERS AND DIRECTORS IN 12         Change       Addition
NAME     5.2 NAME       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     DELETE       NAME     6.1 TITLE       NAME     6.2 NAME       STREET ADDRESS     6.3 STREET ADDRESS	11. Pursuant le office or re agent. 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84     City       Jies, the above-named corr authorized by the corpora lorida Statutes.       Diff Registered Agent signature required 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	vired when reinslating)	PL         purpose of changing its registered         DATE         ICERS AND DIRECTORS IN 12         Change       Addition
STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     DELETE       0.4 CITY-ST-ZIP     Change       Addition       NAME       STREET ADDRESS       STREET ADDRESS       6.3 STREET ADDRESS	11. Pursuant In office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84     City       Jtes, the above-named corr authorized by the corpora lorida Statutes.       DTE Registered Agent signature required 13.       11.1 TITLE       12 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       4.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4. CITY - ST - ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS	vired when reinslating)	PL         purpose of changing its registered         DATE         ICERS AND DIRECTORS IN 12         Change       Addition
CITY-ST-ZIP     5.4 CITY-ST-ZIP       TITLE     DELETE       0.1 TITLE     Change       Addition       NAME       STREET ADDRESS	11. Pursuant In office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>		84     City       Jtes, the above-named corr authorized by the corpora lorida Statutes.       DIE     Registered Agent signature required 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       4.1 TITLE       4.2 NAME       4.3 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	vired when reinslating)	Purpose of changing its registered     Pate     ICERS AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition     Change Addition
TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	11. Pursuant In office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>		84     City       Jtes, the above-named corr authorized by the corpora lorida Statutes.       DTE Registered Agent signature required 13.       11.1 TITLE       12 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       4.1 TITLE       4.2 NAME       4.3 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	vired when reinslating)	Purpose of changing its registered Purpose of changing its registered DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
STREET ADDRESS	11. Pursuant h office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed in PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>		84     City       Jtes, the above-named corr authorized by the corpora forida Statutes.       JTE Registered Agent signature required 1 a.       11 TITLE       12 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	vired when reinslating)	Purpose of changing its registered     Pate     ICERS AND DIRECTORS IN 12     Change Addition     Change Addition     Change Addition     Change Addition
	11. Pursuant In office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed ha PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84     City       Jies, the above-named corr authorized by the corpora lorida Statutes.       DIE Registered Agent signature required 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       4.1 TITLE       4.2 NAME       4.3 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       4.4 CITY - ST - ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY - ST - ZIP	vired when reinslating)	PL         appropose of changing its registered         DATE         CERS AND DIRECTORS IN 12         Change       Addition         Change       Addition
	11. Pursuant h office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	o the provisions of Se gistered agent, or bo n familiar with, and ac Standure, typed or printed ha PD WINKELMAN, JEI 8709 BANYAN C	ections 607.0502 and 6 th, in the State of Flori coopt the obligations o one of registered agent and the OF FICERS AND DIREC <b>FFRY</b>	DELETE	84       City         Jtes, the above-named correlation       authorized by the corporation         Iorida Statutes.       Statutes.         JTE Registered Agent signature required       13.         1.1 TITLE       12 NAME         1.3 STREET ADDRESS       1.4 CITY - ST-ZIP         2.1 TITLE       22 NAME         2.3 STREET ADDRESS       2.4 CITY - ST-ZIP         3.1 TITLE       32 NAME         3.3 STREET ADDRESS       3.4 CITY - ST-ZIP         4.1 TITLE       4.2 NAME         4.3 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       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	vired when reinslating)	PL         appropose of changing its registered         DATE         CERS AND DIRECTORS IN 12         Change       Addition         Change       Addition