| CORPO<br>ANNUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 | Sandra<br>Secre                                                                              | PARTMENT OF STATE<br><b>a B. Mortham</b><br>elary of State<br>DF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mar 18 1<br>Secreta                                                                                            | ary of Sta                                                                                                                                                                                                                                   |                                                                           |
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| Principal Place of Business<br>5481 SEMINOLE BOULEVARD<br>SEMINOLE FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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Date Incorporated or Qualif<br>04/01/1970                                                                   | ied 3a. Date of Last Ri<br>05/01/1996                                                                                                                                                                                                        | eport                                                                     |
| 2. Principa: Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 2a. Mailing Address                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4. FEI Number                                                                                                  | Ар                                                                                                                                                                                                                                           | plied For                                                                 |
| 21]<br>Suite, Apit #, eti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 | 26  <br>Suite, Apl. #, etc.                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 59-1286444<br>5. Certificate of Status Desired                                                                 | \$8.75 4                                                                                                                                                                                                                                     |                                                                           |
| 22<br>City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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Election Campaign Financir                                                                                  | Fee Re                                                                                                                                                                                                                                       |                                                                           |
| <b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8. This corporation has liability<br>Florida Statutes                                                          | Yes No                                                                                                                                                                                                                                       | 199.032,                                                                  |
| ••••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Name and Address of Nev                                                                                    | w Registered Agent                                                                                                                                                                                                                           | {                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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Box Number is Not Acce                                                                             | eptable)                                                                                                                                                                                                                                     |                                                                           |
| 600 491                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | H STREET NOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | th, suite a-1                                                                                                   | - 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Box Number is Not Acce                                                                             | eptable)                                                                                                                                                                                                                                     |                                                                           |
| 600 491                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | th, suite a f                                                                                                   | - 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STREET NOR<br>E FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | progration submits this statement for                                                                          | FL B5 Zip (                                                                                                                                                                                                                                  | s registered                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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STREET NOR<br>E FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | dress (P.O. Box Number is Not Acce<br>provide the statement for ation's board of directors. I hereby a         | FL B5 Zip (                                                                                                                                                                                                                                  | s registered                                                              |
| 600 - 401     SEMINOL     The Pursuant to the     office or regist     agent 1 am tar     SIGNATUPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | H STREET NOR<br>E FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lone 607.0502 ar<br>1, in the State of F<br>ept the obligation<br>of repoted agent an                           | for da. Such change wa<br>is of, Section 607.0505,<br>differt applicable (f                  | 83<br>84 City<br>atules the above-named co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL B5 Zip (<br>the purpose of changing it<br>inccept the appointment as                                                                                                                                                                      | s registered<br>registered                                                |
| Cool - 491     SEMINOL     I1. Pursuant to the     office or regist     agent 1 am lar     SIGNATURE     SignATURE     12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H STREET NOR<br>E FL 34642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tons 607.0502 ar<br>, in the State of F<br>ept the obligation                                                   | for da. Such change wa<br>is of, Section 607.0505,<br>differt applicable (f                  | 83<br>84 City<br>atutes, the above-named co<br>as authorized by the corpor<br>Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rporation submits this statement for<br>ation's board of directors. I hereby a                                 | FL B5 Zip (<br>the purpose of changing it<br>inccept the appointment as                                                                                                                                                                      | s registered<br>registered                                                |
| 600 - 401       SEMINOL       11. Pursuant to the office or regist agent 1 am far       SIGNATURE       SIGNATURE       TICH       NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | H-STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>GRG,ROBERT D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lons 607 0502 ar<br>1, in the State of F<br>cept the obligation<br>of registered agent an<br>FFICERS AND D      | Iorida, Such change wa<br>is of, Section 607.0505,<br>Hitle if applicable (f<br>IRECTORS     | 83<br>84 City<br>atules, the above-named co<br>as authorized by the corpor<br>Florida Statutes.<br>NOTE Registered Agent signature req<br>13,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL B5 Zip (<br>the purpose of changing it<br>inccept the appointment as<br>DATE<br>DATE                                                                                                                                                      | s registered<br>registered<br>S IN 12                                     |
| 11. Pursuant to the office or regist agent 1 am far SIGNATURE SIGNATURE 12. TELL PD BUI STREET ADORESS 548                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>miliar with, and accordination<br>of graduate provision<br>OR<br>RG,ROBERT D<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lons 607 0502 ar<br>1, in the State of F<br>cept the obligation<br>of registered agent an<br>FFICERS AND D      | Iorida, Such change wa<br>is of, Section 607.0505,<br>Hitle if applicable (f<br>IRECTORS     | B3     B4     City     atutes, the above-named co     as authorized by the corpor     Florida Statutes.     NOTE Registered Agent signature reg     13.     1.1 InitLE     1.2 NAME     1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL B5 Zip (<br>the purpose of changing it<br>inccept the appointment as<br>DATE<br>DATE                                                                                                                                                      | s registered<br>registered<br>S IN 12                                     |
| 600 - 401       SEMINOL       11. Pursuant to the office or regist attent 1 am tar signed 1 am ta     | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>register provide the sector of the<br>ORG, ROBERT D<br>IN SEMINOLE BL<br>AINOLE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lons 607 0502 ar<br>1, in the State of F<br>cept the obligation<br>of registered agent an<br>FFICERS AND D      | Iorida, Such change wa<br>is of, Section 607.0505,<br>Hitle if applicable (f<br>IRECTORS     | 83<br>84 City<br>atutes, the above-named co<br>as authorized by the corpor<br>Florida Statutes.<br>NOTE Registered Agent signature reg<br>13.<br>1.1 IIILE<br>1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL B5 Zip (<br>the purpose of changing it<br>inccept the appointment as<br>DATE<br>DATE                                                                                                                                                      | s registered<br>registered<br>S IN 12                                     |
| 600 - 401       SEMINOL       11. Pursuant to the office or regist attent 1 am tar signed 1 am tar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>KSTEIN, PAUL F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of reachined argon an<br>FFICERS AND D<br>VD  | for-da. 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I hereby a<br>wred when renstating)        | FL     B5     Zip (       the purpose of changing it       iccept the appointment as       DATE       DEFICERS AND DIRECTOR       Change                                                                                                     | s registered<br>registered<br>S IN 12<br>Addition                         |
| - 600 - 401       SEMINOL       11. Pursuant to the office or regist agent 1 am tar       agent 1 am tar       SIGNATURE       SIGNATURE       TICLE       NAME       STREET AUDRESS       CITY_S1-7e*       TILE       NAME       STREET AUDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | H STREET NOR<br>E FL 34642<br>Fred agent, or both<br>ruliar with, and acc<br>or<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of reachined argon an<br>FFICERS AND D<br>VD  | Iorida, Such change wa<br>is of, Section 607,0505,<br>IRECTORS                               | B3     B4     City     atules, the above-named co     as authorized by the corpor     Florida Statutes.     NOTE Registered Agent signature reg     13.     1.1 Inite     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                                                                                                                                                                                                                                                                                                                                                                                                        | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL     B5     Zip (       the purpose of changing it       iccept the appointment as       DATE       DATE       DEFICERS AND DIRECTOR       Change       Change                                                                             | s registered<br>registered<br>S IN 12<br>Addition                         |
| 600     401       SEMINOL       11. Pursuant to the office or regist attent 1 am tar       strate t attent 1 am tar       SIGNATURE       TCH       NAME       STREET ADDRESS       OTTY ST-Zer       TILE       NAME       STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | H STREET NOR<br>E FL 34642<br>FFL 34642<br>FF | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of reachined argon an<br>FFICERS AND D<br>VD  | for-da. Such change wa<br>is of, Section 607,0505,<br>if life if aspicatible (F<br>IRECTORS) | 83       84       City       atules, the above-named co<br>as authorized by the corpor<br>Florida Statutes.       NOTE: Registered Agent signature registered<br>13.       11 Tille       12 NAME       13 STREET ADDRESS       14 City-ST-ZiP       21 TITLE       23 STREET ADDRESS       24 City-ST-ZiP       31 TITLE       31 TITLE                                                                                                                                                                                                                                                                                                                                                                   | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL     B5     Zip (       the purpose of changing it       iccept the appointment as       DATE       DEFICERS AND DIRECTOR       Change                                                                                                     | s registered<br>registered<br>S IN 12<br>Addition                         |
| 600 - 401           SEMINOL           11. Pursuant to the office or regist agent 1 am tar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL<br>DYD, DON G<br>I SEMINOLE BL<br>DYD, DON G<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of translated agent an<br>FFICERS AND D<br>VD | Iorida, Such change wa<br>is of, Section 607,0505,<br>IRECTORS                               | B3     B4     City     atules, the above-named co     as authorized by the corpor     Florida Statutes.     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| 600 - 401       SEMINOL       11. 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NOTE: Registered Agent signature registered<br>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                                                                                                                                                                                                                                                                                             | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL     B5     Zip (       the purpose of changing it       iccept the appointment as       DATE       DEFICERS AND DIRECTOR       Change       Change       Change                                                                           | s registered<br>registered<br>S IN 12<br>Addition                         |
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| 600     401       SEMINOL       11. 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| BOD     401       11.     Pursuant to the office or regist agent 1 am far signature       12.     StGNATURE       12.     DEE       11.     PD       NAME     BUJ       STREET ADDRESS     S48       CITY ST-7#*     VD       NAME     ECI       STREET ADDRESS     S48       CITY ST-7#*     SEI       TILE     VD       NAME     ECI       STREET ADDRESS     S48       CITY ST-7#*     SEI       TILE     STREET ADDRESS       STREET ADDRESS     S48       CITY ST-7#*     SEI       TILE     STREET ADDRESS       STREET ADDRESS     S48       CITY ST-7#*     SEI       TILE     STREET ADDRESS       SAME     FLC       STREET ADDRESS     S48       CITY ST-7#*     SEI       DUE     NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL<br>DYD, DON G<br>I SEMINOLE BL<br>DYD, DON G<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of translated agent an<br>FFICERS AND D<br>VD | Inrida, Such change wa<br>is of, Section 607,0505,<br>Infect applicable (f<br>IRECTORS       | 83       84       City       atules, the above-named co<br>as authorized by the corpor<br>Florida Statutes.       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| BOD     401       11.     Pursuant to the office or regist agent 1 am far signature       12.     StGNATURE       12.     DEE       10.1     PD       NAME     BUI       STREET AUDRESS     S48       CITY, S1, 7P     SEI       TILE     VD       NAME     SEC       STREET AUDRESS     S48       CITY, S1, 7P     SEI       TILE     FLC       STREET AUDRESS     S48       CITY, S1, 7P     SEI       TILE     FLC       STREET AUDRESS     S48       CITY, S1, 7P     SEI       TILE     FLC       STREET AUDRESS     S48       CITY, S1, 7P     SEI       DILE     SLE       NAME     SLE       STREET AUDRESS     CITY, ST, 7P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL<br>DYD, DON G<br>I SEMINOLE BL<br>DYD, DON G<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of translated agent an<br>FFICERS AND D<br>VD | Iorida. 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PD       NAME       Strest Adoress       GIV S1-20       THE       NAME       Strest Adoress       GIV S1-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL<br>DYD, DON G<br>I SEMINOLE BL<br>DYD, DON G<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of translated agent an<br>FFICERS AND D<br>VD | In da. 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I hereby a<br>wred when renstating)        | FL     B5     Zip 0       the purpose of changing it<br>inccept the appointment as       DATE       DATE       DFFICERS AND DIRECTOR       Change       Change       Change       Change       Change       Change       Change       Change | s registered<br>registered<br>S IN 12<br>Addition<br>Addition<br>Addition |
| - 600 - 401       SEMINOL       11. Pursuant to the office or regist agent 1 am far       office or regist agent 1 am far       SIGNATUFF       2.       12.       11. PD       NAME       STREET ADORISS       SHEET ADORISS       SHEET ADORISS       SHEET ADORISS       SHEET ADORISS       SHEET ADORISS       SHEET ADORISS       CHY, ST, ZP       THE       NAME       SHEET ACORISS       CHY, ST, ZP  <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | H STREET NOR<br>E FL 34642<br>Provisions of Sectored agent, or both<br>ruliar with, and accord<br>RG,ROBERT D<br>I SEMINOLE BL<br>AINOLE FL<br>STEIN, PAUL F<br>I SEMINOLE BL<br>AINOLE FL<br>DYD, DON G<br>I SEMINOLE BL<br>DYD, DON G<br>I SEMINOLE BL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lons 607 0502 ar<br>, in the State of F<br>cept the obligation<br>of translated agent an<br>FFICERS AND D<br>VD | In da. Such change we<br>is of, Section 607,0505,<br>Iffect aspicable (f<br>IRECTORS         | 83       84       City       atules, the above-named coas authorized by the corpor<br>as authorized by the corpor       Florida Statutes.       NOTE: Registered Agent signature registry       11 Title       12 NAME       13 STREET ADDRESS       14 City-ST-ZiP       21 Title       22 NAME       23 STREET ADDRESS       24 City-ST-ZiP       31 Title       32 NAME       33 STREET ADDRESS       34 City-ST-ZiP       41 Title       42 NAME       43 STREET ADDRESS       44 City-ST-ZiP       51 Title       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS       54 City-ST-ZiP       61 Title                                                                                         | rporation submits this statement for<br>ation's board of directors. I hereby a<br>wred when renstating)        | FL     B5     Zip 0       the purpose of changing it<br>inccept the appointment as       DATE       DATE       DFFICERS AND DIRECTOR       Change       Change       Change       Change       Change       Change       Change       Change | s registered<br>registered<br>S IN 12<br>Addition<br>Addition<br>Addition |