DOCUMEENT # 627415 THOMAS B. DEWOLF, P.A. Integral Phase of Busines I Molling Address III II ORAKE ALE IIII II ORAKE ALE IIIII II ORAKE ALE IIIII II ORAKE ALE IIIII II ORAKE ALE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PROFIT CORPORATION ANNUAL REPORT 1999		Katheri Secretar	A DOULUU RTMENT OF STATE ne Harris y of State CORPORATIONS	FILE Jan 29, 199 Secretary	9 8:00am of State	l
	Corporation Name	415			01-23-1333 30047 04	8 130.00	
Integral Process Maing Address IN ORMER AVE -1720 IN NOMER AVE -1720 ANDO FL 2001 IN NOMER AVE -1720 Principal Place of Business 2.a. Mailing Address 2.a. Mailing Address 4. ES Internet 2.a. Mailing Address 3. Data tocrprental or coulded 07/01/1979 - State Act, R. etc. 5. Suite Act, R. etc. 2.a. Mailing Address 4. ES Internet 2.b. Mailing Address 5. Setter Act, R. etc. 2.a. Mailing Address Country 2.a. Mailing Address Country 2.a. Mailing Address Country 2.a. Mailing Addr	THOMAS B. DEWOLF, P.A.						
1N. CGMACE AVE. #1730 01730 00 DO NOT WRITE IN THIS SPACE 3LADO FL 32001 32 0 Deta Incortrantied or Qualified 07(1)(1979 Principii Place of Business 2. Malleg Address 4. FEI Number Applied For Suite, Aut. # etc. 3 State, Aut. # etc. 5. Centricate of Status Desired Base Status Aut. # etc. 5. Centricate of Status Desired For Required 200 Country Zip Country Zip Country Note Address of Gurenet Registered Agent 10. Name and Address of Sweet Registered Agent 111 NDRTH ORANGE AVE 12 Sweet Address (P.O. Box Number Is Not Acceptable) 12 Status Address (P.O. Box Number Is Not Acceptable) 12 12 13 Registered Agent 10. Name and Address of Nove Registered Agent 12 Status Address (P.O. Box Number Is Not Acceptable) 12 14 Coty FL 150 Norme 12 Status Address of Nove Registered Agent 12 14 Coty FL <	Principal Place of Business	Mailing	g Address	·		I OILT BIGH OIOIL OIDIT DIOIL BI	LII DILII ILDI
Principal Place of Business 2a. Malling Address 4. FEI Number 2a Suite, Apt. 8, etc. 2a Suite, Apt. 8, etc. 2b Suite, Apt. 8, etc. 2c Country 2c C	11 N. ORANGE AVE#1750 RLANDO FL 32801	#1750 ORLAN					
Zet Suite. Apt. #, etc. Soute. Apt. #, etc. <th< td=""><td>) .</td><td>00</td><td></td><td>•</td><td></td><td></td><td>· .</td></th<>) .	00		•			· .
Sulle, Apl. #, etc. Sulle, Apl. #, etc. Sulle, Apl. #, etc. Sulle, Apl. #, etc. State	Principal Place of Business	<u>––</u>	illing Address				
Zip Zip Country Zip Country Trust Fund Contribution Maded to Fees Zip Zip Country It inscription Wated to Fees It inscription Wated to Fees Sin Trust Fund Contribution Ves Use It is inscription Wated to Fees Sin Name and Address of Current Registered Agent It is inscription Ves Use DEWOLF, THOMAS B It is inscription Ves It is inscription It is inscription Ves ORLANDO FL 32801 It is inscription ORLANDO FL 32801 It is inscription In the provision of Socians 607.0502 and 607.1508. Florida Statules, the above named corporation submits this statement for the purpose of changing its registered agent, and inscription in the State of Florida. Such damage agent, and inscription is inscription of the organization state agent, and inscription of the organization of the o		27 Su				58.75 Ac	Iditional
Zip Country Zip Country B. This concent required remaining the memory ration was the current year intangible personal property Tax. Description B. This concent required agent Description Description <thdescr< td=""><td>City & State</td><td>——————————————————————————————————————</td><td>ly & State</td><td></td><td></td><td></td><td></td></thdescr<>	City & State	——————————————————————————————————————	ly & State				
S. Name and Address of Current Registered Agent If Name In the provisions of Sections 207 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the provisions of Sections 207 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the provision of Sections 007 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the provision of Sections 007 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the provision of Sections 0.5 Sections 0.	Zip Country	Zip	-	<u> </u>	8. This corporation owes the currer	t year Intangible	/
DEWOLF, THOMAS B TI I NORTH ORANGE AVE STE 1750 ORLANDO FL 32801		م البتينية الم		30			JN0
111 NORTH-ORANGE AVE STE: 1750 82 Street Address (P.O. Box Numbor Is Not Acceptable) 83 84 City FL 85 Zp Code 14. Pursuant to the provisions of Sactions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of. Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the appoint of the purpose of changing its registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with appointed agent application agent applicatio				81 Name			
ORLANDO FL 32801 4 City FL 85 Zip Code 1. Pursuant to the provisions of Sections 607 6502 and 607 1508; Florids Statutes, the above-named comportion submitte this statement for the pursues of changing its registered agent, and both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of. Section 607 605. Florids Statutes. DATE IGNATURE Spatials, typed or provisions and registered agent due for florids. INTER Reviewed Agent agent and the florids. DATE 2. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 2. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 2. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 2. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 2. Intel 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 1.6 0 0 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. 1.8 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition 1.8 13. STREET ADDRESS 33. STREET	111 NORTH ORANGE AVE	. ·		82 Street Add	Iress (P.O. Box Number is Not Acceptable	le)	
A provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits flust statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the obligations of Section 607 0505, Florida Statutes. IGNATURE Section 607 0505, Florida Statutes OFFICERS AND DIRECTORS 13 ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 10 DELETE Influe Influe DELETE Influe DELETE Influe Influe DELETE Influe Influe DELETE Influe DELETE Influe				83			
agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutas.				84 City		85 Zip Co	ode
MRE DEWOLF, THOMAS B REET ADDRESS KOS MARKHAAM WOODS RD LONGWOOD, FL 00000 1.4 CITY-ST.2P LONGWOOD, FL 00000 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P LE 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.5 Change 1.4 CITY-ST.2P 1.5 Change 1.5 CITY-ST.2P 1.5 Change 1.5 CITY-ST.2P 1.5 CHANGESS 1.5 CITY-				es, the above-named corr uthorized by the corporation	poration submits this statement for the prior's board of directors. I hereby accept	FL	egistered
LONGWOOD, FL 00000 14 CTY-ST-ZP LLE IDELETE 21 TTLE WE 22 NAME REET ADRESS 23 STREET ADRESS TY-ST-ZP 2.4 CTY-ST-ZP LE IDELETE 1/2 CTY-ST-ZP 2.4 CTY-ST-ZP LE IDELETE 3.1 TTLE IDELETE 3.1 TTLE IDELETE 3.1 TTLE IDELETE 3.1 STREET ADDRESS 3.3 STREET ADDRESS Y-ST-ZP 3.4 CTY-ST-ZP UE IDELETE A.1 CTY-ST-ZP 3.4 CTY-ST-ZP V-ST-ZP 3.4 CTY-ST-ZP LE IDELETE A.1 CTY-ST-ZP 3.4 CTY-ST-ZP LE IDELETE A.2 NAME 2.1 Change A.2 NAME 2.1 Change A.2 NAME 2.2 NAME A.3 STREET ADDRESS	agent. I am familiar with, and accept th IGNATURE Signature, typed or printed name of regi 2. OFFICI	istered agent and title if appl	icable. (NOTE:	ss, the above-named corr uthorized by the corporate ida Statutes. Registered Agent signature require 13.	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL JIPPOSE of changing its re- the appointment as reging DATE CERS AND DIRECTOR	egistered stered
LE DELETE 21 TTLE Change Addition WE 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS VY.ST-ZIP 2.4 C(TY'-ST-ZIP Change Addition NE DELETE 31 TTLE Change Addition NY.ST-ZIP 2.4 C(TY'-ST-ZIP 33 STREET ADDRESS Addition NE 33 STREET ADDRESS 33 STREET ADDRESS Addition NE 4.2 C(TY'-ST-ZIP 34 C(TY'-ST-ZIP Addition WE 4.2 STREET ADDRESS Addition Addition VY-ST-ZIP 34 C(TY'-ST-ZIP Addition Addition WE 4.2 STREET ADDRESS Addition Addition VY-ST-ZIP 4.3 STREET ADDRESS Addition Addition VY-ST-ZIP 4.2 C(TY'-ST-ZIP Change Addition VY-ST-ZIP 4.2 C(TY'-ST-ZIP Change Addition VY-ST-ZIP 5.4 C(TY'-ST-ZIP Change Addition VY-ST-ZIP 5.4 C(TY'-ST-ZIP Change Addition ME Clearest ADDRESS 5.3 STREET ADDRESS Change Addition VY-	agent. I am familiar with, and accept th IGNATURE Signature, typed or printed name of regi 2. OFFICI	istered agent and title if appl	icable. (NOTE:	es, the above-named corporation of the corporation	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL JIPPOSE of changing its re- the appointment as reging DATE CERS AND DIRECTOR	egistered stered
REET ADDRESS Y-ST-ZIP LE DELETE 31 TITLE 32 AGTIV-ST-ZIP LE DELETE 33 STREET ADDRESS 33 STREET ADDRESS 34 CTTV-ST-ZIP LE DELETE 42 CHange Addition ME REET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE Change Addition ME REET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE 51 TITLE Change Addition Addition ME REET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE Change Addition Addition ME REET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE 5	agent. I am familiar with, and accept th IGNATURE Signature, typed or printed name of regin 2. OFFICI The PD ME PD ME 605 MARKHAM WOODS	istend agent and tile if app	icable. (NOTE:	Registered Agent signature requine 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL JIPPOSE of changing its re- the appointment as reging DATE CERS AND DIRECTOR	egistered stered
LE DELETE 3.1 TITLE Change Addition ME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 33.5 TREET ADDRESS 34. CITY-ST-ZIP 34. CITY-ST-ZIP Addition ME DELETE 4.1 TITLE Change Addition ME 4.2 NAME 4.3 STREET ADDRESS Addition Y-ST-ZIP 4.4 CITY-ST-ZIP Change Addition ME 1.2 NAME 4.3 STREET ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE Change Addition ME DELETE 5.1 TITLE Change Addition ME DELETE 5.1 TITLE Change Addition ME STREET ADDRESS Y-ST-ZIP LE Change Addition ME DELETE 6.1 TITLE Change Addition ME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP LE DELETE 6.1 TITLE Change Addition ME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP Lererely ce	agent. I am familiar with, and accept th IGNATURE Stgnature, typed or printed name of regin 2. OFFICI 1.E PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000	istend agent and tile if app	Icable (NOTE: DRS	es, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL urpose of changing its re the appointment as reginned DATE CERS AND DIRECTOR CRS AND DIRECTOR	egistered stered IS IN 12
REET ADDRESS 3.3 STREET ADDRESS JY-ST-ZIP 3.4 CTTY-ST-ZIP LE IDELETE MIE 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CTY-ST-ZIP LE IDELETE STREET ADDRESS 4.4 CTY-ST-ZIP LE IDELETE STREET ADDRESS 4.4 CTY-ST-ZIP LE IDELETE STREET ADDRESS 1.3 STREET ADDRESS Y-ST-ZIP 4.4 CTY-ST-ZIP LE IDELETE STREET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP LE IDELETE GREET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP LE IDELETE GREET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP LE IDELETE BAME 6.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 6.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS S-	IGNATURE Signature, typed or printed name of regil 2. OFFICI 2. OFFICI TRE PD DEWOLF, THOMAS B 605 MARKHAM WOODS IY-ST-ZIP LONGWOOD, FL 00000	istend agent and tile if app	Icable (NOTE: DRS	as, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL urpose of changing its re the appointment as reginned DATE CERS AND DIRECTOR CRS AND DIRECTOR	egistered stered IS IN 12
Y-ST-ZIP 34. CTY-ST-ZIP LE DELETE ME 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CTY-ST-ZIP LE DELETE S1 DELETE 5.1 TITLE LE DELETE S1 DELETE 5.1 TITLE S2 NAME Change S2 NAME S3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP LE DELETE S4 CTY-ST-ZIP 5.4 CTY-ST-ZIP LE DELETE S4 CTY-ST-ZIP S4 CTY-ST-ZIP LE DELETE 6.1 TITLE Change Addition KEET ADDRESS S3 STREET ADDRESS Y-ST-ZIP S4 CTY-ST-ZIP LE DELETE 6.1 TITLE Change S3 STREET ADDRESS S3 STREET ADDRESS Y-ST-ZIP S4 CTY-ST-ZIP LE DELETE 6.3 STREET ADDRESS S4 CTY-ST-ZIP Y-ST-ZIP S4 CTY-ST-ZIP L bereby certify that the information supplied with this films does not qualify for the exemp	Agent. I am familiar with, and accept th IGNATURE Stgnature, typed or printed name of regin 2. OFFICI TLE PD ME PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE ME REET ADDRESS (Y-ST-ZIP	istend agent and tile if app	Icable. (NOTE: DRS DELETE	as, the above-named corr thorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CTY-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
ME KEET ADDRESS Y-ST-ZIP LE DELETE DELETE DELETE CONTROL S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE DELETE CONTROL S4 CITY-ST-ZIP LE DELETE CONTROL S4 CITY-ST-ZIP LE CONTROL S4 CITY-ST-ZIP LE CONTROL S5 STREET ADDRESS S4 CITY-ST-ZIP LE CONTROL S5 STREET ADDRESS S5	agent. I am familiar with, and accept th GNATURE Stanature, typed or printed name of regis C. OFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE WE REET ADDRESS Y-ST-ZIP LE	istend agent and tile if app	Icable. (NOTE: DRS DELETE	As, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 C(TY-ST-ZIP LE DELETE 5.1 T(T,E NE 5.2 NAME S2-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 5.4 C(TY-ST-ZIP LE DELETE 6.1 T(T,E V-ST-ZIP 5.4 C(TY-ST-ZIP LE DELETE 6.1 T(T,E QEET ADDRESS 6.3 STREET ADDRESS V-ST-ZIP 5.4 C(TY-ST-ZIP V-ST-ZIP 6.3 STREET ADDRESS V-ST-ZIP 6.3 STREET ADDRESS V-ST-ZIP 5.3 STREET ADDRESS V-ST-ZIP 6.4 C(TY-ST-ZIP V-ST-ZIP 5.4 C(TY-ST-ZIP V-ST-ZIP 6.4 C(TY-ST-ZIP V-ST-ZIP 5.4 C(TY-ST-ZIP	agent. I am familiar with, and accept th IGNATURE Stgnature, typed or printed name of regis 2. OFFICI LE PD ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	istend agent and tile if app	ICION 607.0505, Flor	As, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
LE DELETE 5.1 TITLE Change Addition ME SAGET ADDRESS Y-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZI	agent. I am familiar with, and accept th IGNATURE Stanature, typed or printed name of regis 2. OFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE ME REET ADDRESS Y-ST-ZIP LE ME ST-ZIP LE	istend agent and tile if app	ICION 607.0505, Flor	As, the above-named corruthorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
VE 52 NAME REET ADDRESS 53 STREET ADDRESS Y-ST-ZIP 54 CITY-ST-ZIP LE DELETE 61 TITLE Change VEET ADDRESS 63 STREET ADDRESS VEET ADDRESS 63 STREET ADDRESS V-ST-ZIP 64 CITY-ST-ZIP L berehv certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes L further certify that the information.	agent. I am familiar with, and accept th GNATURE Signature. typed or printed name of regil DFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME	istend agent and tile if app	ICION 607.0505, Flor	As, the above-named corruthorized by the corporation signature required Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
Y-ST-ZIP 54 CITY-ST-ZIP LE DELETE 6.1 TITLE Change Addition WE 62 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 4.4 CITY-ST-ZIP V-ST-ZIP; 64 CITY-ST-ZIP 6.4 CITY-ST-ZIP 119 07(3)(i). Elorida Statutes 1 further certify that the information.	agent. I am familiar with, and accept th GNATURE Signature. typed or printed name of regil DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	istend agent and tile if app	Clion 607. 0505, Flor	As, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
E DELETE 6.1 TITLE Change Addition AE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS (-ST-ZIP) 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP L berefy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 further certify that the information.	agent. I am familiar with, and accept th GNATURE Signature, typed or printed name of regin OFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP E KEET ADDRESS	istend agent and tile if app	Clion 607. 0505, Flor	As, the above-named corruthorized by the corporation ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
6.3 STREET ADDRESS 6.4 CITY-ST-ZIP L berefy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	agent. I am familiar with, and accept th GNATURE Signature. typed or printed name of regil OFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS	istend agent and tile if app	Clion 607. 0505, Flor	As, the above-named corr uthorized by the corporation a Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
A-ST-ZIP 6.4 CITY-ST-ZIP L hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	agent. I am familiar with, and accept th GNATURE Signature. typed or printed name of regil DFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	istend agent and tile if app	Clion 607. 0505, Flor Cable (NOTE: DRS DELETE DELETE DELETE DELETE DELETE	As, the above-named corr uthorized by the corporation ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
L berefy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	agent. I am familiar with, and accept th IGNATURE Signature, typed or printed name of regil 2. OFFICI LE PD DEWOLF, THOMAS B 605 MARKHAM WOODS LONGWOOD, FL 00000 LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	istend agent and tile if app	Clion 607. 0505, Flor Cable (NOTE: DRS DELETE DELETE DELETE DELETE DELETE	As, the above-named corr uthorized by the corporation a Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CTY-ST-ZIP 6.1 TITLE 6.2 NAME	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if changed	agent. I am familiar with, and accept th IGNATURE Signature, typed or printed name of regil 2. OFFICI REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	istend agent and tile if app	Clion 607. 0505, Flor Cable (NOTE: DRS DELETE DELETE DELETE DELETE DELETE	As, the above-named corr uthorized by the corporation a Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CTY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CTY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CTY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CTY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CTY-ST-ZIP	ed when reinstating): ADDITIONS/CHANGES TO OFFI	FL	egistered stered IS IN 12 Addition

12