| 2/p Country 2/p Country 8 This corporation owes or has paid the current year intangible personal Property Tax due June 30. 8/ Yes No 9 Name and Address of Current Registered Agent 10. Name and Address of Address of Mark Registered Agent No 10. Name and Address of Address of Name Registered Agent HAMLIN, SHARON K 4827 PONCE DE LIEON BLVD. CORAL GABLES FL 33146 41 Name Address of Name Registered Agent 10. Name and Address of Name Registered Agent 41 Name of the provisions of Sactions 607 0502 and 607 1508. Florida Statutes, the above name corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida, Such change was authorized by the corporation's back of directors. I hereby accept the exponentions as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's back of directors. I hereby accept the exponentions as registered agent, and the neutral with, and accept the obligations of IGMATURE OFFICE RS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12 10 OFFICE RS AND DIFECTORS 13. Nonres 11. Put state OFFICE RS AND DIFECTORS 13. NONFY 12. OFFICE RS AND DIFECTORS 13. Street Agents Diff. Nonres 13. THE NONRES 23. THE NONRES 23. THE NONRES 14. TH DELETE 3. St | | E NOW: FILING FE | e after m | AY 1ST | IS \$550 |).00 | | FILI | ED | |
|--|---|---|--|--|--|--|--|---|--|--|
| ANNUAL REPORT 1998 | | | F | | | |] Mar 04 | 4 1 9 0 | 38.8 | 00ar |
| PCCUMENT # 657896 (7) WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED WINSTON TOWERS YACHT BASIN, INCORPORATED DO NOT WRITE IN THIS SPACE Shafe Act # do Soft Act # do Shife Act # do Soft Act # do Shife Act # do Soft Act # do Chy & State 20 Chy & State 21 Chy & State 22 Chy & State 23 Chy & State 23 Chy & State 24 Base Act # do 25 Chy & State 24 Chy & State 25 Chy & State 26 Chy & State 27 Chy & State 28 Base Act # do <td< td=""><td></td><td></td><td></td><td></td><td></td><td>n</td><td></td><td></td><td></td><td></td></td<> | | | | | | n | | | | |
| WINSTON TOWERS YACHT BASIN, INCORPORATED Ymolgal Prace of Business Maining Address 289/77h1 Street 29/77h1 Street Awar 1, Street 29/77h1 Street Street, Aff, etc. 9 Principal Prace of Business 29 Street, Aff, etc. 9 City & State 20 Zip 20 Street, Aff, etc. 9 Street, Aff, etc. 9 Street, Applied Parce 9 Mark 1, Street 20 Street, Applied Parce 9 Mark 2, Street, Applied Parce 9 Street, Applied Parce 9 City & State 20 Street, Applied Parce 9 Mark 2, Street, Applied Parce 9 Mark 2, Street, Applied Parce 9 City & State 20 City & State 9 Street, Applied Parce 9 Mark 1, Street 10 Mark 1, Street 10 | | 1998 | ALL DE LE | DIVISION O | F CORPORAT | IONS | Secr | etary | 015 | tate |
| | Corporatio | MENT # 6578 | 96 | (7) | | | | | | |
| Automic Access Automic Access Automic Access And Act 1, sice 20 Principal Place of Business 24. Making Address Address 24. FEB Number Solids, Apt 1, sice 31 Solids, Apt 1, sice 32 Apt 1, Sice 32 Applied Bace 33 Applied Bace 34 Applied Bace 34 Applied Bace 34 Applied Bace 35 Appl | WINST | ON TOWERS YACHT BA | SIN, INCORPO | DRATED | | | | | | |
| Automic Access Automic Access Automic Access And Act 1, sice 20 Principal Place of Business 24. Making Address Address 24. FEB Number Solids, Apt 1, sice 31 Solids, Apt 1, sice 32 Apt 1, Sice 32 Applied Bace 33 Applied Bace 34 Applied Bace 34 Applied Bace 34 Applied Bace 35 Appl | | | | | | | | | | |
| MANU FL 33160 UKAN FL 33160 DO NOT WRITE IN THIS SPACE ************************************ | • | | - | | | | · F##1F# \$10\$1 \$1111 19\$\$1 1\$1 | EN TRAIN RAIL NIQUE (| AIMAI AIMII MEMII MA | N I WIWIF IWNI |
| Principal Place of Business 2s. Maining Address 4. FEI Mumber hopplied Exr Suite, Apt. #, etc 2s Suite, Apt. #, etc 59-2160739 hopplied Exr Suite, Apt. #, etc 27 Suite, Apt. #, etc. 6. Carificate of Status Desired \$8.75 Additional Chy & State 21 Country 21 Country 8. This corporation ower the policity of Status Desired \$8.75 Additional 2p 20 Country 21 20 Country 8. This corporation ower the policity of Status Desired \$8.76 Additional 2p 20 Country 21 20 Country 8. This corporation ower the policity of Status Desired \$8.76 Additional 40 Name and Address of Current Registered Agent 10. Name and Address of Address of Address of Mergent Registered Agent 10. Name and Address of Ad | | | | | | | DO NOT | WRITE IN TH | IIS SPACE | |
| Principal Place of Business Par. Mailing Address Pa | | | | | | | 3. Date incorporated or Qu | | | |
| Suite, Apt, 4, etc. Suite, Apt, 4, etc. File, Apt, 4, etc. File, Apt, 4, etc. City & State City & State City & State State, Apt, 4, etc. File, Carificate of Status Desired \$8.75, Aptitional reas Required City & State City & State City & State Election Campaign Financing true Fund Controlution Added to Fees Zp Zit 20 Country E. The corporation was on the paid the current year frangible Personal Property Tax cliu, Ano. 30. B1 year Not May Be Added to Fees HAMLIN, SHARON K 4827 Phone Proceed Transition 61 Name Added to Fees Image: Proceed Transition 20 Street Addrags of Depart Tax cliu, Ano. 30. B1 year Image: Proceed Transition 20 Street Addrags (P.O. Box Jountage is Not Added to Feed Transition of the purpose of Added to Feed Transition of Department and the Current year frampible Image: Proceed Transition 20 Street Addrags (P.O. Box Jountage is Not Added to Feed Transition of Department and the Current year frampible Image: Proceed Transition 20 Street Addrags (P.O. Box Jountage is Not Added to Feed Transition of Department as registered Image: Proceed Transition 20 Street Addrags (P.O. Box Jountage is Not Added to Feed Transition Proceed Transition Protein Street Transition Proteins Street Addr | | Place of Business | <u></u> | g Address | | | 4. FEI Number | | A | pplied For |
| City & State City & State City & State City & State Exception Fee Required City & State 20 Country 27 Country 30 State Concentration Added to Fee Zp Zp Country 2p Country 30 This corporation owns or has paid the current year framptee HAMLIN, SHARON K 42 Added so of Current Registered Agent 10. Name and Address of Current Registered Agent No HAMLIN, SHARON K 427 Country 28 Street Aggage (P). Box lymps (E Not Aggeptable). No CORAL GABLES FL 33146 State of Fords State of Current Registered Agent FL 45 City as State of Current Registered Agent HAMLIN, SHARON K 427 City as State of Fords St | | #, etc. | | Apt. #, etc. | | | | | | the second s |
| Zip Zip Country Zip Country B. This comparison was on this paid the current year intrangible Zip Zip Country B. This comparison was on the paid the current year intrangible B. Mark and Address of Current Registered Agent 30 B. This comparison was on the paid the current year intrangible HAMLIN, SHARON K 481 Name and Address of New Registered Agent 30 HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLIN, SHARON K 481 Name and Address of New Registered Agent HAMLING, CORAL GABLES FL 33146 51 Name and Address of New Registered Agent Internation with the State of New Registered Agent 181 Name and Address of New Registered Agent Internation with the State of New Registered Agent 181 Name and Address of New Registered Agent Internation with the State of New Registered Agent 181 182 Internation with the State of New Registered Agent 181 182 Intere 181 183 <td>City & Stat</td> <td>6</td> <td></td> <td>State</td> <td>··-· ···</td> <td></td> <td></td> <td></td> <td>Fee R</td> <td>equired</td> | City & Stat | 6 | | State | ·· - · ··· | | | | Fee R | equired |
| 20 20 <td< td=""><td>Zin</td><td>Country</td><td>28</td><td></td><td>0</td><td></td><td>Trust Fund Contribution</td><td></td><td>Added</td><td>to Fees</td></td<> | Zin | Country | 28 | | 0 | | Trust Fund Contribution | | Added | to Fees |
| HAMLIN, SHARON K 4227 PONCE DE LEON BLVD. CORAL GABLES FL 33143 51 International control of the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above hamed corporation submits this statement for the purpose of changing its optishered agent, or both, in the State of Florida. Such change was automiced by the corporation's bacteria difference in the paper international difference in the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above hamed corporation's bacteria to the provisions of Sections 607 0505. Florida Statutes, the above hamed corporation's bacteria to the paper internation as registered agent, or both, in the State of Florida. Such change was automiced by the corporation's bacteria difference international difference internatinte differenc |] | 25 | 29 | | | y | Personal Property Tax di | ue June 30. | Yes [| |
| 4627 PONCE DE LEON BLYD. CORAL GABLES FL 33146 4627 PONCE DE LEON BLYD. Corputation of Sectors 607 0507 and 607 1508. Florida Statutes, the above hand of directors in the Party accept the approxal of th | HA | | irrent Registered A | gent | 81 | Name | | New Register | ed Agent | |
| CHAL GABLES FL 33148 If 144 30 SW 716 INVERSION If Land SW 144 SW | 46 | 27 PONCE DE LEON BLVD. | | | 82 | Street Add | ress (P.O. Box Number Is Not A | cceptable) | | |
| Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hande corporation submits this statement for the purpose of framing with, and second the obligations of Section 607 0505, Florida Statutes, the above-hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above-hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above-hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above hande corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, Florida Statutes, the above hande corporation above handed corporation hadove handed corporation habove handed core | CO | ORAL GABLES FL 33146 | | | 83 | 144 | 30 5W 96 A | KNUE | | · |
| Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its replatered office or registered agent, or both, in the State of Florida. Such change was subhorized by the corporation submits this statement for the purpose of changing its replatered agent and accorpt the obligations of .Section 607 0502, Florida Statutes. (NOTE Registered agent agent, or both, in the State of Florida. Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and their anglestates. (NOTE Registered agent agent, or both, in the State of Florida. (NOTE Registered agent agent) and their anglestates. (NOTE Registered agent agent, or both, in the State of Florida. (NOTE Registered agent agent) and their anglestate. (NOTE Registered agent agent, or both, in the State of Florida. (NOTE Registered agent agent) and their anglestate. (NOTE Registered agent agent, or both, in the State of Florida. (NOTE Registered agent agent) (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent) (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent agent, or both, in the State of Plorida. (NOTE Registered agent, or both, in the State of Plorida. (NOTE Registered agent, or both, in the State of Plorida. (Note Registered agent, or both, in the State of Plorida. (Note Registered agent, or both, in the Sta | | | | | | | | | | |
| IGNATURE Provide or prediction or prediction are expressioned appendix required when req | | | | | 84 | City . | | | | Code |
| Bipeluter, heped or printed mare of tregistional signed and table in applicable (MOTE Registered agent eregunder required when resoluted) DATE 2. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TLE PD I'I'I'I'LE 11'I'I'LE Change Addition Make KAUFMAN, SIDNEY 12 MAKE 13. STREET ADDRESS Change Addition VFST-2P MIAMI BCH., FL 00000 14 OIY-ST-2P I'I'I'LE Change Addition MRE LARY, JOSEPH 250 174TH STREET 23 STREET ADDRESS Change Addition Y-ST-2P MIAMI BCH., FL 00000 24 OIY-ST-2P Change Addition MRE LARY, JOSEPH 23 STREET ADDRESS Change Addition Y-ST-2P MIAMI BCH., FL 00000 24 OIY-ST-2P Change Addition NEET ADDRESS 250 174TH STREET 3 STREET ADDRESS Change Addition Y-ST-2P MIAMI BCH., FL 000000 24 OIY-ST-2P Change Addition NEET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS Change | 1. Pursuant 1 | to the provisions of Sections 607. | .0502 and 607.1508 | 3, Florida Stati | 1 | mia | mi | or the purpose | L 85 Zip | Code 3/7/o |
| PD Image: Strate in the stra | | to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the ot | 0502 and 607.1508 tate of Florida. Suc bligations of, Sectio | 3, Florida Stati h change was n 607.0505, f | 1 | mia | mi poration submits this statement f tion's board of directors. I hereb | or the purpose y accept the a | e of changing i | Code 3/7/ ts registered registered |
| REET ADDRESS 231 174TH STREET 1.3 STREET ADDRESS MY-ST-ZIP MAMI BCH., FL 00000 14 CITY-ST-ZIP LE TD DELETE 2.1 TITLE ME LARY, JOSEPH 22 MAME 23 STREET ADDRESS 250 174TH STREET 23 STREET ADDRESS 1.3 STREET ADDRESS MF LARY, JOSEPH 24 CITY-ST-ZIP MAMI BCH, FL 00000 24 CITY-ST-ZIP ME DELETE 31 TITLE SD DELETE 31 TITLE MAMI BCH, FL 00000 24 CITY-ST-ZIP ME UVINSON, MILTON 22 NAME SET ADDRESS 250 174TH STREET 33 STREET ADDRESS Y-ST-ZIP MIAMI BCH., FL 00000 34 CITY-ST-ZIP ME DELETE 41 TITLE VST-ZIP 33 STREET ADDRESS 43 STREET ADDRESS Y-ST-ZIP 44 CITY-ST-ZIP 44 CITY-ST-ZIP LE DELETE 51 TITLE Change Addition ME STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP VST-ZIP DELETE 51 TITLE Change Addition | IGNATURE | Signature, typed or printed name of registered | d agent and title if applicat | | utes, the abov s authorized b Florida Statute OTE Registered Ag | e-named corp y the corpora s. | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as | ts registered registered |
| TY-ST-2IP MIAMI BCH., FL 00000 14 GTY-ST-2IP TLE TD DELETE 21 TITLE WRE LARY, JOSEPH 2250 174 TH STREET 23 STREF ADDRESS TLE SD DELETE 21 TITLE TLE SD DELETE 31 TITLE WRE LVINSON, MILTON 22 NAME REET ADDRESS 250 174 TH STREET 23 STREF ADDRESS TY-ST-2IP MIAMI BCH., FL 00000 2 4 GTY-ST-2IP REET ADDRESS 250 174 TH STREET 33 STREF ADDRESS TY-ST-2IP MIAMI BCH., FL 00000 34 GTY-ST-2IP ME DELETE 31 TITLE MIAMI BCH., FL 00000 34 GTY-ST-2IP ME DELETE 41 TITLE MIAMI BCH., FL 00000 34 GTY-ST-2IP ME DELETE 41 TITLE ME DELETE 51 TITLE ME DELETE 51 TITLE ME S3 STREF ADDRESS 33 STREF ADDRESS TY-ST-2IP 44 GTY-ST-2IP ME S3 STREF ADDRESS TY-ST-2IP 51 TITLE ME S3 STREF ADDRESS S3 STREF ADDRESS S3 STREF ADDRESS TY-ST-2IP 54 GTY-ST-2IP LE DELETE ME | IGNATURE | Signalure, typed or printed name of registered OFFICERS | d agent and title if applicat | Die (NC | utes, the above s authorized b Florida Statute OTE Registered Ag 13. | e-named corp y the corpora s. | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as | ts registered registered |
| LE TD DELETE 2.1 TITLE Change Addition ME LARY, JOSEPH 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP | IGNATURE 2. ILE ME | Signalure, typed or printed name of registerio OFFICERS PD KAUFMAN, SIDNEY | d agent and title if applicat | Die (NC | utes, the above s authorized b Florida Statute OTE Registered Ag 13. 1.1 TIFLE 1.2 NAME | e-named corp y the corpora s. | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as | ts registered registered |
| REET ADDRESS 250 174TH STREET 23 STREET ADDRESS TY-ST-ZIP MIAMI BCH, FL 00000 2 4 CITY-ST-ZIP ALE SD DELETE 31 TITLE ALE SD DELETE 31 TITLE ALE LIVINSON, MILTON 32 NAME AME LIVINSON, MILTON 32 NAME SD JELETE 31 STREET ADDRESS Y-ST-ZIP MIAMI BCH., FL 00000 34 CITY-ST-ZIP LE DELETE 41 TITLE ME DELETE 41 TITLE ME Addition 42 NAME RET ADDRESS Change Addition NE DELETE 41 TITLE ME DELETE 51 TITLE ME DELETE 51 TITLE ME STREET ADDRESS 53 STREET ADDRESS N'-ST-ZIP 44 CITY-ST-ZIP Change Addition ME S3 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS N'-ST-ZIP S4 CITY-ST-ZIP Change Addition ME S STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP LE <td>IGNATURE 2. TLE WE REET ADDRESS</td> <td>Signalure, typed or printed name of registerio OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET</td> <td>d agent and title if applicat</td> <td>Die (NC</td> <td>utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE</td> <td>In Alberta Corpora</td> <td>poration submits this statement i tion's board of directors. I hereb red when reinstating)</td> <td>or the purpose y accept the a</td> <td>e of changing i appointment as</td> <td>ts registered registered RS IN 12</td> | IGNATURE 2. TLE WE REET ADDRESS | Signalure, typed or printed name of registerio OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET | d agent and title if applicat | Die (NC | utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE | In Alberta Corpora | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as | ts registered registered RS IN 12 |
| TY-ST-ZIP MIAMI BCH, FL 00000 2 4 CitY-ST-ZIP LLE SD DELETE 31 TITLE ARE LIVINSON, MILTON 32 NAME REET ADDRESS 250 174TH STREET 33 STREET ADDRESS TY-ST-ZIP MIAMI BCH., FL 00000 34 CitY-ST-ZIP ILE DELETE 3.3 STREET ADDRESS RET ADDRESS 250 174TH STREET NE DELETE 3.4 CitY-ST-ZIP ILE DELETE 4.1 TITLE NRE 4.2 NAME Addition RET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP DELETE 5.1 TITLE LE DELETE 5.1 TITLE ME S3 STREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP DELETE 5.1 TITLE ME S3 STREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP S4 CITY-ST-ZIP LE DELETE 5.1 TITLE ME S3 STREET ADDRESS 5.4 CITY-ST-ZIP LE DELETE 6.1 TITLE Change ME 6.3 STREET ADDRESS 6.3 STREET ADDRESS NE S3 STREET ADD | IGNATURE 2. TLE WME IREET ADDRESS TY-ST-ZIP | Signature, typed or printed name of registering OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 | d agent and title if applicat | | utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 | In Alberta Corpora | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | RS IN 12 |
| SD DELETE 3.1 TITLE Change Addition AME LIVINSON, MILTON 3.2 NAME 3.3 STREET ADDRESS 250 174TH STREET 3.3 STREET ADDRESS YST-ZIP MIAMILBCH., FL 00000 34. CITY-ST-ZIP | IGNATURE 2. TLE WAE REET ADORESS TY-ST-ZIP TLE ME | Signalure, typed or printed name of registering OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH | d agent and title if applicat | | utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | In A Armed corp y the corpora s. ent eignature requi | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | RS IN 12 |
| REET ADDRESS 250 174TH STREET 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP LE DELETE DELETE 4.1 TITLE Change Addition KET ADDRESS Y-ST-ZIP LE DELETE DELETE 5.1 TITLE Change Addition KET ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 TITLE Change Addition KET ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE 5.1 TITLE 5.1 ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE | IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET | d agent and title if applicat | | Utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE | r ADDRESS | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | RS IN 12 |
| IV: ST-2P MIAMI BCH., FL 00000 34. CITY-ST-2P LE DELETE 4.1 TITLE Change Addition ME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS V: ST-ZIP 44 CITY-ST-ZIP 4.1 TITLE Change Addition NE DELETE 5.1 TITLE Change Addition ME DELETE 5.1 TITLE Change Addition ME DELETE 5.1 TITLE Change Addition NEET ADDRESS 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS V: ST-ZIP 5.4 DITY-ST-ZIP 5.4 DITY-ST-ZIP Change Addition NEET ADDRESS 5.3 STREET ADDRESS 5.4 DITY-ST-ZIP Change Addition NEE NORESS 5.4 DITY-ST-ZIP 5.4 DITY-ST-ZIP Change Addition NEE DELETE 6.1 TITLE Change Addition KEET ADDRESS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Y-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP Change Addition | IGNATURE 2. ILE ME REET ADORESS IY-ST-ZIP ILE ME REET ADORESS IY-ST-ZIP | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute OTE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- | r ADDRESS | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | RS IN 12 |
| LE DELETE DELETE 4.1 TITLE Change Addition NE Addition NE Addition NE Addition NE Addition NE DELETE 5.1 TITLE NE DELETE 5.1 TITLE NE ADDRESS Y-ST-ZIP LE 5.1 STREET ADDRESS Y-ST-ZIP LE 5.1 STREET ADDRESS SA DITY-ST-ZIP LE 6.1 TITLE Addition SA DITY-ST-ZIP LE 6.1 STREET ADDRESS SA DITY-ST-ZIP LE 6.1 STREET ADDRESS SA DITY-ST-ZIP LE 6.1 STREET ADDRESS SA DITY-ST-ZIP LE 6.1 STREET ADDRESS SA DITY-ST-ZIP | IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP LE ME IY-ST-ZIP LE ME ME | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute 0TE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE | r ADDRESS | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | RS IN 12 Addition |
| ME 4.2 NAME REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE DELETE 5.1 TITLE ME 5.2 NAME SEET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 5.3 STREET ADDRESS Y-ST-ZIP 5.4 DITY-ST-ZIP LE DELETE 6.1 TITLE ME 6.2 NAME KEET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.1 TITLE ME 6.2 NAME KEET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP | IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE | T ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI | Its registered registered |
| IV-ST-ZIP 4.4 CITY-ST-ZIP LE IDELETE ME 5.1 TITLE ME 5.3 STREET ADDRESS IV-ST-ZIP 5.4 CITY-ST-ZIP LE IDELETE 6.1 TITLE Change ME 6.1 TITLE ME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.1 TITLE ME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP | IGNATURE 2. ILE WME REET ADDRESS TY-ST-ZIP ILE WME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute 0TE Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4, CITY- | T ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| LE DELETE 5.1 TITLE Change Addition ME 52 NAME SEET ADDRESS Y-ST-ZIP 5.4 CITY-ST-ZIP LE DELETE 6.1 TITLE Change Addition ME 62 NAME SEET ADDRESS S4 CITY-ST-ZIP 64 CITY-ST-ZIP 54 CITY-ST-ZIP | IGNATURE | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE | In ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered registered RS IN 12 Addition |
| WE 52 NAME IEET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 DITY-ST-ZIP IE DELETE 6.1 TITLE Change KE 6.2 NAME KE 6.3 STREET ADDRESS KE 6.3 STREET ADDRESS V-ST-ZIP 6.4 CITY-ST-ZIP | GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS KEET ADDRESS | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Dia (NC | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME | In A Ammed corp re-named corp y the corpora s. ent eignature requi | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| Y-ST-ZIP 5.4 CITY-ST-ZIP LE 5.4 CITY-ST-ZIP ME 6.1 TITLE 6.1 TITLE Change Addition 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP | GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S | In the named corp re-named corp y the corpora s. ent eignature requi r ADDRESS ST-ZIP r ADDRESS ST-ZIP r ADDRESS ST-ZIP r ADDRESS | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| LE DELETE 6.1 TITLE Change Addition ME 62 NAME REET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP | GNATURE R. 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 | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.1 TITLE | In the named corp re-named corp y the corpora s. ent eignature requi r ADDRESS ST-ZIP r ADDRESS ST-ZIP r ADDRESS ST-ZIP r ADDRESS | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| ME 6.2 NAME REET ADDRESS Y-ST-ZIP 6.4 City-St-ZIP | IGNATURE | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME | IT ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| REET ADDRESS IY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | IGNATURE 2. 1LE WME REET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MRE REET ADDRESS TY-ST-ZIP LE MRE REET ADDRESS TY-ST-ZIP LE MRE REET ADDRESS TY-ST-ZIP | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S | IT ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| | IGNATURE | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5 | IT ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | Its registered |
| | IGNATURE 2. 1LE AME IREET ADDRESS TY-ST-ZIP TLE WME REET ADDRESS TY-ST-ZIP ILE MME REET ADDRESS TY-ST-ZIP ILE | Signalure, typed or printed name of registeries OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET | d agent and title if applicat | Delete Delete Delete Delete Delete Delete Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME | IT ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP | poration submits this statement i tion's board of directors. I hereb red when reinstating) | or the purpose y accept the a | e of changing i appointment as ND DIRECTOI Change | ts registered registered |
| officer or director of the corporation or 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, or on an attachment with an address. | GNATURE LE ME KEET ADDRESS Y-ST-ZIP LE ME 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 Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP | Signalure, typed or printed non-e of registered OFFICERS PD KAUFMAN, SIDNEY 231 174TH STREET MIAMI BCH., FL 00000 TD LARY, JOSEPH 250 174TH STREET MIAMI BCH, FL 00000 SD LIVINSON, MILTON 250 174TH STREET MIAMI BCH., FL 00000 | d egent and tile if applicat | Deletere Delete | Utes, the abov s authorized b Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 STREE 5.4 CITY- 5.5 STREE 5.5 STREE 5.4 CITY- 5.5 STREE 5.5 STREE 5 | In ADRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP | Section 119.07(3)(i), Florida Sta | or the purpose y accept the a DATE DOFFICERS A | e of changing i appointment as ND DIRECTOI Change Change Change | Its registered |

; ;