CR2Fn34 (9/01

FILED

2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am Secretary of State **DOCUMENT #** 695068 1. Entity Name 03-20-2002 90010 017 ***150 00 MDM STUDIOS, INC. Principal Place of Business Mailing Address MDM STUDIOS, INC. % SARA L HEIM 968 PINETREE DR 209 SE FIRST STREET INDIAN HARBOUR BCH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2109676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIM, SARA L Street Address (P.O. Box Number is Not Acceptable) 209 SE FIRST STREET SATELLITE BEACH FL 32937 City Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME HEIM, EDISON L NAME STREET ADDRESS STREET ADDRESS 209 SE FIRST ST CITY-ST-ZIP SATELLITE BCH, FL 00000 TITLE ☐ Delete Addition : Change NAME HEIM, SARA L STREET ADDRESS JORESS 209 SE FIRST ST ST-ZIP CITY-ST-ZIP SATELLITE BCH, FL 00000 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

~						11/1/12	77	A1		7		
	(1,000)	\-/\ (OFFIC	E of V	ئ ظائد ITAL	STATIS	بر STI	cstr	045	00	28	
	(0)		mark from		<i>''</i> .				CON	ÊM	NTI	41/
'E OR'''' NT IN IANENT				CEBE	FIFTED.	CECOP YEAT	ΓH		77.7		=1 1	ì.
CK INK	LOCAL FILE NO. 0/	325	7		FLC	RIDA		<u>g</u> r	FIDE	AL.	PUR	PN
	1. DECEDENT'S NAME	E	PIRST DISON	. М	IDDLE		HEID HEID		,		2. WEX "	Male
[3. DATE OF DEATH (Month, C			4. SOCIAL SECUP				Lest Birthday	5b. UNDER	1 YEAR	5c, UNDE	FL 1 Day
	August 14, 2001			424-30-7716 7. BIRTHPLACE (City and State or Foreign Country)				⁻ 69		B. WAS	DECEDENT E	VER IN
	September 27, 1931			Mobile, Alabama					1	ARME	o FORCES?	(Yes or
	9s. PLACE OF DEATH (Check MOSPITAL:inpatient	· _			Other (Specific)			BO. INSIDE CITY LIMITS? (No.				
	BC. FACILITY NAME (If not in:	er) 9d. CFTY, TOWN, OR L			LOCATION OF DEATH			98. COUNTY OF DEATH				
KINDOF K DONE	Tandem Health				AY 11. MA	Melbo			SPOUSE (reverd	<u></u>
NORKING				Never Married, Widow Divorced (Specify)			familed, 12. SURVIVING SPOUSE ((II wite, give maiden name)		
RETIRED.	Engineer		Electrical			Married				lartin		
	13a. RESIDENCE - STATE	13b. COUNTY	´	13c. CITY, TOWN,	DRI LOCATIO	4	13d	STREET AND	NUMBER			
	Florida	Breva	cđ	Satell	lite Be	ach		209 S.1	. lst	Stree	et	
-	13s. INSIDE CITY 13f. Zi LIMITS7(No or No)	(Specify	No or Yes - If yes	specify Haits	y Haitian, Cuben,		15. RACE - American Indi Black, White, etc.			DECEDENT'S EDUCATION Specify only highest grade cor		
	No 3	2937	Mexican, Puerto Rican, etc.)			X No Yes		Specily: White		Elementary/Secondary College (1-4 ((0 - 12)		
á	17. FATHER'S NAME (First, ME		,.,	<u> </u>		18. MOTHER'S N	-)		,
	George Heim			196. 1	Ruby E. Sumerlin 190. MAULING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						,	
	Sara L. Hein			209	S.E.	lst Street	<u>. S</u>	<u>atellițe</u>				
ž	20s. METHOD OF DISPOSITION Burlal Cremati		emoval from Sta	other nin	F DISPOSITION (19)	ON (Nume of comets	ку, стап	ntory, ar	ZOG. LOCATK	ON City o	r Town, State	
7	DonetionOther (5	ematory		1	Roc	kledg	e, Flor	rida				
9												
Ż	PERSON ACTING AS 90		-//		SE NUMBER 18/1906)							
	PERSON ACTING AS 90			(of Lie		Beach Fi	mer	al Home	, 1689			
	22a. To the best of my k	CH (nowledge, des	ith occurred at	(of Lic	ensee) 129	Beach Fu Indian I	ner larb	al Home our Bear of examination date and place	, 1689 ch, F1	orida	3293	7 eath oc
	22a. To the best of my k	nowledge, des	ath occarried at 1	(of Lic	ensee) 129	Beach Fu Indian I Bu 23a. On to	iner	al Home our Bear of examination date and place	, 1689 ch F1 and/or invest and due to the	orida Higation, in the cause(s)	3293	7 eath occ es state
BELLEGE	22a. To the best of my k is to the causel my k is to the causel my k is to the causel as a (Signature and Title) b is 22b. DATE SIGNED (Mo. 5 25 16 0	(nowledge, destated,	th cookied at 1	the time, date and as the and as the and as the and as the	place and due	Beach Fu Indian I A E 23a. On to B S S S S S S S S S S S S S S S S S S S	lner larb the base time, and t	al Home our Beac of examination date and place life) > D (Mo., Day, Yr)	, 1689 ch F1 and/or invest and due to the	orida Higation, in the cause(s)	3293 my opinion d and manner	7 eath occ es state
CERTIFIER	22a. To the best of my k	(nowledge, destated,	th cookied at 1	the time, date and as the and as the and as the and as the	place and due	Beach Fu Indian I A E 23a. On to B S S S S S S S S S S S S S S S S S S S	lner larb the base time, and t	al Home our Bear of examination date and place life) >	, 1689 ch F1 and/or invest and due to the	orida Higation, in the cause(s)	3293 my opinion d and manner	7 eath occ es state
BEBLUEE	22a. To the best of my k to the cause(s) as t	CHARLES (CHARLES)	ath cookied at 1 22c.HO IN IF OTHER TH	Ine time, date and a sum of DEATH AND CERTIFIER (7) DICAL EXAMINER)	place and due : 00p ppe or Print)	Beach File Indian I I I I I I I I I I I I I I I I I I I	Iner larb the basis of time, of and T E SIGNE	al Home OUT Beau out Beau of examination date and place like) > D (Mo. Day, Yr) KAMINER'S CAS	h 1689 ch, F1 and/or investand due to the	orida stigation, in the cause(s) 23c. HOU	3293 my opinion d and manner	7 leath oci es state
ESILIESO	22a. To the best of my K by Construction of the Cause(s) as it (Signature and Title) Construction of the Cause(s) as it (Signature and Title) Construction of the Cause of the	CHANGE TO THE CONTROL OF T	ath cookied at 1 22c.HO IN IF OTHER TH	Ine time, date and a sum of DEATH AND CERTIFIER (7) DICAL EXAMINER)	place and due : 00p //pu or Print (Type or Print)	Beach Fit Indian I A H 23a. On to Be the State of the St	Iner Barb the basis the time, and the signe HCAL E	al Home our Beas s of examination date and place like) > D (Mo. Day, Yr) KAMINER'S CAS	h 1689 ch, F1 and/or investand due to the	orida digation, in the cause(s) 23c, HOU	3293 my opinion d and manner	7 eath occ es state
	22a. To the ball of my to the canele) as a 28 (Signature and This 20 (Signature and This 20 (Signature and This 20 (Signature and This 20 (Mo.	COMPANY (ASSESSED OF THE PROPERTY OF THE PROPE	ATT COOKING AT THE PHYSICIAN, MEI	(of Lie 19 19 11 11 11 11 11 11 11 11 11 11 11	29 place and due : 00p pe or Print (Type or Print) Wickh 25b, LOCAL	Beach For Indian I I I I I I I I I I I I I I I I I I I	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida signion, in the cause(s) 23c, HOU a 32 25c, C	3293 my opinion d and manner IR OF DEATH	7 leath occurs state as state ERED 200
E E E LE	22a. To the bast of my k to the cancela as a 28 (Signature and Title) b 28 (Signature and Title) b 28 (Signature and Title) b 29 (Signature and Title) b 20 (Signature and Title) b 21 (Signature and Title) b 22d. NAME OF ATTENDE 23d. NAME AND ADDRESS OF Shakti Baksh 25e, Subregistrar - Signature 25e, Subre	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	ath coorded at 1 22c.HO an IF OTHER TH PHYSICIAN, ME DATE STIPLICATION TO THE STIPLICA	(of Lie 19 ine time, date and 18 ft. and 18	29 place and due : 00p pe or Print (Type or Print) Wickh 25b, LOCAL	Beach For Indian I I I I I I I I I I I I I I I I I I I	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Penelli occupio della constanta della constant
	22a. To the best of my k to the cause(s) as the	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	ath coorded at 1 22c.HO an IF OTHER TH PHYSICIAN, ME DATE STIPLICATION TO THE STIPLICA	(of Lie 19 ine time, date and 18 ft. and 18	29 place and due : 00p pe or Print (Type or Print) Wickh 25b, LOCAL	Beach For Indian I I I I I I I I I I I I I I I I I I I	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and manner IR OF DEATH 940 DATE REGIST UG 1 7	Peach occurs state
ERTIFIER CENTRISE OIC	22a. To the bast of my k to the cancela as a 28 (Signature and This) b 28 (Signature and This) b 28 (Signature and This) b 29 (Signature and This) b 20 (Signature and This) b 21 (Signature and This) b 22b. DATE SIGNED (Mo. 25 (Signature and This) b 25c. Subare of ATTENDR 25c	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	ATT OCCUPIED BY THE STATE OF TH	(of Lie 19 line time, date and 3.5 km. R/D NIR OF DEATH 6.4 AND CERTIFIER (7) DICAL EXAMINER 6550 N. 177. 0/141.	129 place and dut 129 place and dut 1:00p pa or Print Wickh 25b. LOCAL Do not lenter	Beach Fu Indian I I I I I I I I I I I I I I I I I I I	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Penelli occupio della constanta della constant
SY CERTIFIED	22a. To the bast of my to the caneral as a 25a. To the caneral as a 25a. To the caneral as a 25a. Control of the caneral as a 25a. DATE SIGNED (Mo. 50 50 50 50 50 50 50 50 50 50 50 50 50	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	Eth occasied at 1 22c.HO 22c.HO IN IF OTHER TH PHYSICIAN, ME DATE DATE STRUCTURE TO BE ON Each line Hepp.	Ine time, date and a law a	29 place and due 200 pps or Print (Type or Print) 25b, LOCAL Do not lenter	Beach Frindian I Indian I Indi	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Peath occurs state
ATH BY CERTIFIER	22a. To the best of my k to the cance(s) as a to the cancel s) as a t	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	LIT OCCUPIED AT LEAST TO THE T	Inte time, date and 3 km. AND AUR OF DEATH 6 AND CERTIFIER (1) DICAL EXAMINER - 6550 N. Caused the death.	200p Type or Print	Beach Fu Indian I Ind	mer darb the basis the time. a and T SIGNE HCAL E:	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Penelli occupio della constanta della constant
FDEATH	22a. To the best of my k to the caneda as a to the caneda as the caneda the caneda as the caneda as the the caneda as the the caneda as the caneda as the	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	DATE SUPPLIES OF THE PROPERTY	Inte true, date and .3 LLL RVD. AND CERTIFIER (7)	29 place and due : OOP per or Print (Type or Print) Do not lanted 21 U.S.C. CONSEQUEN OF CONSEQUEN CUL-CLUS CUL-CLUS CLUS CUL-CLUS CLUS CUL-CLUS CLUS CL	Beach Frindian I I I I I I I I I I I I I I I I I I I	Iner Harb the basis to three, three, three, three, three, three three, three t	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Peath occurs state
OF DEATH	22a. To the bast of my to the cause(a) as a 28 (Signature and This) be 28 (Signature and This) be 28 (Signature and This) be 22b. DATE SIGNED (Mo. 25 (Signature and This) be 22b. DATE SIGNED (Mo. 25 (Signature and This) be 22b. DATE SIGNED (Mo. 25 (Signature and Adaptive and Ad	CERTIFIER (F. INTURES, OF CERTIFIES, OF CERT	DATE SUPPLIES OF THE PROPERTY	Inte time, date and a Student Min of Death 6 Min of	29 place and due : OOP per or Print (Type or Print) Do not lanted 21 U.S.C. CONSEQUEN OF CONSEQUEN CUL-CLUS CUL-CLUS CLUS CUL-CLUS CLUS CUL-CLUS CLUS CL	Beach Frindian I I I I I I I I I I I I I I I I I I I	Iner Harb the basis to three, three, three, three, three, three three, three t	al Home our Beau our Beau of eramination date and place little; b ED (Mo., Day, Yr) KAMINER'S CAS	, 1689 ch, FI. and/or investand due to the	orida stigation, in he cause(s) 23c. HOU a 32 25c. C A shock A	3293; my opinion d and marner IR OF DEATH 940 ATE REGIST UG 1 7 Interview on one of	Peath occurs state
FDEATH	22a. To the best of my to the cause(s) as the ca	CENTIFIER (F. L.	ATT OCCUPIED TO THE TO	Inte time, date and 19 line time, date and line time,	29 place and due 200 process of the consequence of	Beach Frindian I I I I I I I I I I I I I I I I I I I	Iner Harb hashed before the basis of time. The same of	al Home OUT Beau of examination date and place life) > OUT Beau cardiac or respi WERE AUTOPS USED TO COM	, 1689 ch , F1 and/or inversand due to the service of the service	orida attgatton, in the cause(s) 23c. HOL a 32 25c. C A shock A D	3293 my opinion di and marrier IR OF DEATH 940 DATE REGIST Optrodimate in interess Onset eath	7 Peeath occurrence as stated as sta
SE OF DEATH	22a. To the best of my to the cause(s) as the ca	CENTIFIER (F. L.	ATT OCCUPIED TO THE TO	Inte time, date and 19 line time, date and line time,	29 place and due 200p per or Print (1) per or Print 250, LOCAL 270, WILLEL 270, WILLE 270, WILLEL 270, WILLE 270, WILL	Beach Fr Indian I BE 23a. On the state of t	Iner Harb hashed before the basis of time. The same of	al Home OUT Beau of examination date and place life) > D (Mo. Day, Yr) KAMINER'S CAS Cardiac or respi	, 1689 ch , F1 and/or inversand due to the service of the service	orida attgatton, in the cause(s) 23c. HOL a 32 25c. C A shock A D	3293 my opinion di and marrier IR OF DEATH 940 DATE REGIST UG 1 7 oproximate in	PERED CONTROL OF THE PERED CON
SE OF DEATH	22a. To the best of my is to the caree(s) as a few to the caree(s) and caree(s) are caree(s) and caree(s) are caree(s) and caree(s) and caree(s) are caree(s) and caree(s	CEMPIFIER (F. CEMPIFIER OF CEMP	DATE SUPPLIES OF THE PROPERTY	Inte time, date and a S. W. AND MUR OF DEATH 6 HAN CERTIFIER (1) DICAL EXAMINER 10 TO COLUMN 10 TO COLU	29 place and due 200 process of the Consequence 21 U.C. 200 possequence 21 u.C. 21 u.C. 22 u.C. 23 u.C. 24 u.C. 25 u.C. 26 u.C. 27 u.C	Beach Fr Indian I BE 23a On 1 BE 35 23a On 1 BE 35 23a On 1 BE 35 23a MED CO 23d MED CO 23d MED CO 25c MED CO 67: CO	Iner Harb he basis he irre. and T E SIGNE MEI B NATUR Buch as	al Home our Bear of examination date and place like) b D (Mo. Day, Yr) KAMINER'S CAS CARTIAGO OF 1889 WERE AUTOPS USED TO COM OF DEATH? (No	Florid FINDINGS PLETE CAUS	orida attgatton, in the cause(a) 23c. HOU a 32 25c. C A shock A D D	3293 my opinion d and manner in and manner in G 1 7 personnet in inveser Onset eath	Peesth occurs of the second occurs of the second occurs of the second occurs of the second occurs occurs on the second occurs oc
SE OF DEATH	22a. To the best of my k to the carve(s) as a to th	CEMPIER (F. CEMPIER) Only VI) ING PHYSICIA CEMPIER (F. CEMPIER) ING PHYSICIA ING	ATT OCCUPIED TO THE TO	Intertwo, date and 19 intertwo, date and 19 intertwo, date and 19 intertwo date. And Certifier	2.1 LURC CONSEQUEN CONSEQUEN 2.1 LURC CONSEQUEN CONSEQUEN 2.2 LURC CONSEQUEN CONSEQUEN 2.4 LURC CONSEQUEN CONSEQUE	Beach Fu Indian I I Indian I I I I I I I I I I I I I I I I I I I	Arbite basis o and T E SIGNE MATUR MATUR 27b.	al Home OUT Beau of examination date and place Did (Mo. Day, Yr) KAMINER'S CAS Cardiac or respi WERE AUTOPS USED TO COM OF DEATH? (We MAS PERFORME	y FINDHNGS PLETE CAUS SON NO.	orida stigation, in the authority of the causeds) 23c. HOU 25c. LO 25c. LO A shock A 25c. LO CTE OF SUITE	3293 my opinion di and manner la di ma	Peesth occurs of the second occurs of the second occurs of the second occurs of the second occurs occurs on the second occurs oc
SE OF DEATH	22a. To the best of my is to the canve(s) as a figurature and Title) best of my is to the canve(s) as a figurature and Title) best 22b. DATE SIGNED (Mo. 25 and 22b. DATE SIGNED (Mo. 25 and 25	CENTIFIER (F CONTINUES OF CONTI	DATE SUPPLIES OF THE PROPERTY	Inte time, date and a S. W. AND MUR OF DEATH 6 HAN CERTIFIER (1) DICAL EXAMINER 10 TO COLUMN 10 TO COLU	29 place and due 29 place and due 200p per or Print (Type or Print) 25b. LOCAL 25b. LOCAL 25c. NORSEQUEN 27c. W. ENTER C	Beach Fre Indian I See 23a. On the See 23a. On	Arbite basis o and T E SIGNE MATUR MATUR 27b.	al Home our Bear of examination date and place like) b D (Mo. Day, Yr) KAMINER'S CAS CARTIAGO OF 1889 WERE AUTOPS USED TO COM OF DEATH? (No	y FINDHNGS PLETE CAUS SON NO.	orida stigation, in the authority of the causeds) 23c. HOU 25c. LO 25c. LO A shock A 25c. LO CTE OF SUITE	3293 my opinion di and manner la di ma	PREED 200 PRIED and PREED 200 PRIED
SE OF DEATH	22a. To the best of my k to the cause(s) as 1 to the cause(s) as 2 to th	CENTIFIER (F C. CENTIFIER AND	DATE SUPPLY STORY OF THE PARTY IS MEN TO DAY. THE PARTY IS MEN TO DAY YEARS OF THE PARTY IS MEN TO DAY. THE PARTY IS MEN	Intertwee, date and as the second of the sec	29 place and due 200 pro or Print 250, LOCAL Do not lenter 21 LURC CONSEQUEN 270, W W CLL DO NEGUEN 271, ENTER C 320, N M	Beach Fre Indian I I I I I I I I I I I I I I I I I I I	Arbhe basis o and T e Signe Me Ib Me	al Home OUT Bear of examination of examination date and place like) b D (Mo., Day, Yr) KAMINER'S CAS OUTRE; E Cardiac or respi WERE AUTOPS USED TO COM OF DEATH? (We MAS PERFORME	Florid FINDINGS PLET CAUS FOR THE CAUS FOR	orida attgetton, in the causets) 23c. HOL a 32 25c. C A shock A in the causets CCURRED	3293 my opinion d and manner and	Peesth occurs of the second occurs of the second occurs of the second occurs of the second occurs occurs on the second occurs oc
SE OF DEATH	22a. To the best of my is to the canve(s) as a figurature and Title) best of my is to the canve(s) as a figurature and Title) best 22b. DATE SIGNED (Mo. 25 and 22b. DATE SIGNED (Mo. 25 and 25	CEMPIFIER (F and a second processes of the second proc	DATE SUPPLY STORY OF THE PARTY IS MEN TO DAY. THE PARTY IS MEN TO DAY YEARS OF THE PARTY IS MEN TO DAY. THE PARTY IS MEN	Intertwe, date and 19 intertwe, date and 19 intertwe, date and 19 intertween 19 intert	29 place and due 200 pro or Print 250, LOCAL Do not lenter 21 LURC CONSEQUEN 270, W W CLL DO NEGUEN 271, ENTER C 320, N M	Beach Fr Indian I BE 23a. On the BE 35a. Con	Arbhe basis o and T e Signe Me Ib Me	al Home OUT Bear of examination of examination date and place like) b D (Mo., Day, Yr) KAMINER'S CAS OUTRE; E Cardiac or respi WERE AUTOPS USED TO COM OF DEATH? (We MAS PERFORME	Florid FINDINGS PLET CAUS FOR THE CAUS FOR	orida attgetton, in the causets) 23c. HOL a 32 25c. C A shock A in the causets CCURRED	3293 my opinion d and manner and	PRIED ORTED

August 17, 2001 State Registrar

12791661

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERWARK.

1 2 7 9 1 6 6 1

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1584 (1098)