AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DI NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPART Katherine Secretary DIVISION OF CO	MENT OF STATE Harris of State	FIL Jul 28, 199 Secretary 07-28-1999 9000	9 8:00 am of State	0001288
DOCUMENT # 706835					
CENTRAL FLORIDA LIONS SIGHT	CLINIC, INC.				
Principal Place of Business Mailing Address 1 E. COLONIAL DRIVE 1 E. COLONIAL DRIVE					
1 E. COLONIAL DRIVE ORLANDO FL 32801	orlando FL 32801				
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 02/17/1964		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		4. FEI Number	Applied For	
22 City & State	27 City & State		59-6173286	8.75 Additional	=
23 Zip Country	<b>28</b>	Country	Election Compaign Einancing	Fee Required \$5.00 May Be	
24 25	29 3	¬ '	Trust Fund Contribution 10. Name and Address of New Regis	Added to Fees	
9. Name and Address of Curre		81 Name	EDLEY PAUL	J .	
WOOLDBIDGE, ARVILLE L. NED	LEY PAUL J	<ul> <li>82 Street Add</li> </ul>	ress (P.O. Box Number is Not Acceptable)		
	OCHESHAM ( 100 FL	JK, 83	INDO FL		
					┥╴≣
	32817-3280			FL SID Code 32B17	
11. Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: SIGNATURE	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric CONTRACTOR STATES	, the above-named con	Jucy 14	FL 32817	=
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: SIGNATURE Care Signature, typed or printed name of registered agen 12. OFFICERS A	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric of the section 617.0503, Floric of the section 617.0503, Floric ND DIRECTORS	s, the above-named corp horized by the corporation da Statutes. Registered Agent signature require 13.	Jucy 14	FL     32817       ose of changing its registered appointment as registered       - 1999- ATE	(5/99)
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name, ir registered agent	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric ent and Wile if applicable (NOTE: R	s, the above-named con horized by the corporati la Statutes.	ad when reinstating)	FL     32817       ose of changing its registered appointment as registered       - (999- ATE       RS AND DIRECTORS IN 12	(5/99)
office or registered agent, or both, in the State     agent. I am familiar with, and accept the oblig:     SIGNATURE     Signature, typed or printed name of registered agent     T2.     OFFICERS AI     TITLE     TD     NAME     WOOLRIDGE,     STREET ADDRESS P O BOX BOX 680665	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric of the section 617.0503, Floric of the section 617.0503, Floric ND DIRECTORS	s, the above-named con horized by the corporation da Statutes. tegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstating)	FL     32817       ose of changing its registered appointment as registered       - (999- ATE       RS AND DIRECTORS IN 12	037 (5/99)
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: SIGNATURE <u>Signature, typed or printed name of registered agent</u> 12. OFFICERS AI TILE TD NAME WOOLRIDGE,	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric of the section 617.0503, Floric of the section 617.0503, Floric ND DIRECTORS	s, the above-named con horized by the corporati da Statutes. tegistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	ad when reinstating)	FL     32817       ose of changing its registered appointment as registered       -     1999- ATE       RS AND DIRECTORS IN 12	(5/99)
Control of the state agent, or both, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent is signature, typed or printed name of registered agent is strategistered agent in the WOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 Citry-St-ZIP ORLANDO FL 32868 TITLE VPD NAME HUNTER, JOHN G.	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric ent and title if applicable (NOTE: R ND DIRECTORS DELETE	s, the above-named con horized by the corporation ta Statutes. tegistered 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	ad when reinstating)	FL     32817       ose of changing its registered appointment as registered       - 1999- ATE       RS AND DIRECTORS IN 12       Change     Addition	037 (5/99)
Control of the state agent, or both, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AT TITLE TD WOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 CITY-ST-ZIP ORLANDO FL 32868	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid out and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named con horized by the corporation a Statutes. tegistered 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	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32817         ose of changing its registered         appointment as registered         - \$999-         ATE         RS AND DIRECTORS IN 12         Change         Addition	CR2E037 (5/99)
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig:         SIGNATURE         SIGNATURE         Signature, typed or printed nem of registered agent.         12.         OFFICERS AI         TITLE       TD         NAME       WOOLRIDGE,         STREET ADDRESS       P O BOX BOX 680665         CITY-ST-ZIP       ORLANDO FL 32868         TITLE       VPD         NAME       HUNTER, JOHN G.         STREET ADDRESS       7606 BROCKBANK DR.         CITY-ST-ZIP       ORLANDO FL         TITLE       PD	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Floric ent and title if applicable (NOTE: R ND DIRECTORS DELETE	s, the above-named con horized by the corporation a Statutes. tegistered 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	ad when reinstating)	FL     32.817       ose of changing its registered appointment as registered       - 1999- ATE       RS AND DIRECTORS IN 12       Change     Addition	CR2E037 (5/99)
Control of the state agent, or both, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent. I am familiar with, and accept the oblig: SIGNATURE UCL OFFICERS AT THE TD NAME WOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 CITY-ST-ZIP ORLANDO FL 32868 TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CITY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid out and title if applicably (NOTE: R ND DIRECTORS DELETE	the above-named conhorized by the corporation for the above-named conhorized by the corporation of the term of term o	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32817         ose of changing its registered appointment as registered         - 1999-         Are         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         X Change       X Addition	CR2E037 (5/99)
Control of the state agent, or both, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed nem of registered agent. I am Signature, typed or pri	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid out and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named comhorized by the corporation of the co	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32817         ose of changing its registered         appointment as registered         - \$999-         ATE         RS AND DIRECTORS IN 12         Change         Addition	CR2E037 (5/99)
office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig:         SIGNATURE         SIGNATURE         SIGNATURE         Signature, typed or printed nem ty registered agent. I am familiar with, and accept the oblig:         SIGNATURE         Signature, typed or printed nem ty registered agent. I am familiar with, and accept the oblig:         III.         NAME         WOOLRIDGE,         STREET ADDRESS         ORLANDO FL 32868         TITLE         VPD         NAME         NAME         NEDLEY, JOHN G.         STREET ADDRESS         7606 BROCKBANK DR.         CITY-ST-ZIP         ORLANDO FL         TITLE         PD         NAME         SIGNELANDO FL         TITLE         PD         NAME         SIGN CHESLAM DR         CITY-ST-ZIP         ORLANDO FL         TITLE	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and Utle if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named conhorized by the corporation for the statutes.      tegistered Agent signature requirements     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	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999-         ATE         RS AND DIRECTORS IN 12         Change       Addition         32.807         XChange       XAddition         32.807         XChange       XAddition	CR2E037 (5/99)
CITICLE ADDRESS POBLAY POLATION POLATICA POLATIC	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and Utle if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named conhorized by the corporation for the above-named conhorized by the corporation of the statutes.  tegistered Agent signature requirements 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	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         Change       Addition         32.809         Change       Addition         32.817-32.80         Change       Addition         32.751	CR2E037 (5/99)
office or registered agent, or doth, in the State agent, I am familiar with, and accept the oblig:         SIGNATURE         SIGNATURE         SIGNATURE         Signature, typed or printed name of registered agent. I am familiar with, and accept the oblig:         SIGNATURE         Signature, typed or printed name of registered agent. I am familiar with, and accept the oblig:         Signature, typed or printed name of registered agent. I am familiar with, and accept the oblig:         ITILE         NAME         WOOLRIDGE,         STREET ADDRESS         ORLANDO FL 32868         TITLE         VPD         NAME         HUNTER, JOHN G.         STREET ADDRESS         PO         NAME         NAME <td< td=""><td>02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and Utle if applicably (NOTE: R ND DIRECTORS DELETE</td><td>A statutes     Agent signature requir     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     5.1 TITLE</td><td>ad when reinstating) D ADDITIONS/CHANGES TO OFFICE</td><td>FL       32.817         ose of changing its registered appointment as registered         - 1999         ATE         RS AND DIRECTORS IN 12         Change       Addition         32.809         Change       Addition         32.809         Change       Addition         32.809       Addition         Change       Addition</td><td></td></td<>	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and Utle if applicably (NOTE: R ND DIRECTORS DELETE	A statutes     Agent signature requir     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     5.1 TITLE	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999         ATE         RS AND DIRECTORS IN 12         Change       Addition         32.809         Change       Addition         32.809         Change       Addition         32.809       Addition         Change       Addition	
CITY-ST-ZIP ORLANDO FL STREET ADDRESS 9930 CHESLAM DR CITY-ST-ZIP ORLANDO FL TITLE SD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CITY-ST-ZIP ORLANDO FL STREET ADDRESS 1140 WILLOWBROOK TRAIL CITY-ST-ZIP ORLANDO FL	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE	A statutes     Agent signature requir     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	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         Change       Addition         32.809         Change       Addition         32.817-32.80         Change       Addition         32.751	
Control of the state agent, or both, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed nem of registered agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed nem of registered agent. I am familiar with and accept the oblig: SIGNATURE TD. OFFICERS AIT TILE TD. WOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 (CTY-ST-ZIP ORLANDO FL 32868) TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CTY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CTY-ST-ZIP ORLANDO FL TITLE SD NAME KOZUMPLIK, FRANK STREET ADDRESS 1140 WILLOWBROOK TRAIL CTY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CTY-ST-ZIP ORLANDO FL TITLE NAME STREET ADDRESS CTY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CTY - ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CTY - ST-ZIP MAITLAND FL STREET ADDRESS CTY - ST-ZIP	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named conhorized by the corporation of the co	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         Change       Addition         32.809         Change       Addition         32.817-32.80         Change       Addition         32.751	CR2E037 (5/99)
Control of the state agent, or doth, in the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed nem of registered agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed nem of registered agent. I am familiar with and accept the oblig: SIGNATURE TD. SIGNATURE TD. SIGNATURE WOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 (CTY-ST-ZIP ORLANDO FL 32868) TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CTY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CTY-ST-ZIP ORLANDO FL TITLE SD NAME KOZUMPLIK, FRANK STREET ADDRESS 1140 WILLOWBROOK TRAIL CTY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS 1440 WILLOWBROOK TRAIL CTY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS S	02 and 617.1508, Florida Statutes of Florida. Such change was auti ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named corporated by the corporated as Statutes.         tegistered Agent signature required to the corporated by the corpo	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         Change       Addition         32.809       Addition         32.809       Addition         32.809       Addition         32.817-32.80       Addition         32.817-32.80       Addition         32.751       Change         Change       Addition	
Control of the state agent. I am familiar with, and accept the oblig: SIGNATURE Course of printed nem friegistered agent. I am familiar with, and accept the oblig: SIGNATURE SIgnature, typed or printed nem friegistered agent. I am familiar with and accept the oblig: 12. OFFICERS AI TITLE TD VOOLRIDGE, STREET ADDRESS P O BOX BOX 680665 CITY-ST-ZIP ORLANDO FL 32868 TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CITY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CITY-ST-ZIP ORLANDO FL TITLE SD NAME KOZUMPLIK, FRANK STREET ADDRESS 1140 WILLOWBROOK TRAIL CITY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named corporation for ized by the corporation is statutes.         tegistered Agent signature requirements         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.1 TITLE	ad when reinstating) D ADDITIONS/CHANGES TO OFFICE	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.809         Change       Addition         32.809       Addition         32.809       Addition         32.809       Addition         32.817-32.80       Addition         32.817-32.80       Addition         32.751       Change         Change       Addition	
cffice or registered agent, or both, in the State agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AI TITLE TD NAME WOOLRIDGE, STREET ADDRESS P O BOX BOX 6806655 CITY-ST-ZIP ORLANDO FL 32868 TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CITY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CITY-ST-ZIP ORLANDO FL TITLE SD NAME KOZUMPLIK, FRANK STREET ADDRESS 1140 WILLOWBROOK TRAIL CITY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE	s, the above-named corporated by the corporated as Statutes.         tegistered Agent signature required in the statutes.         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         the exemption stated in the open to the provement.	كولتوم 119.07(3)(i), Florida Statutes.   furt Section 119.07(3)(i), Florida Statutes.   furt ه دامال	FL       32.817         ose of changing its registered appointment as registered         - 1999- ATE         RS AND DIRECTORS IN 12         Change       Addition         Change       Addition         32.807         K Change       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.807       Addition         Change       Addition         32.817-32.80       Addition         Change       Addition         Change       Addition         Change       Addition	
Control of the state agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent. I am familiar with, and accept the oblig: SIGNATURE Signature, typed or printed name of registered agent. I am familiar with and screen the oblig: 12. OFFICERS AI TITLE TD OFFICERS AI TITLE TD OFFICERS AI TITLE VPO ORLANDO FL 32868 TITLE VPD NAME HUNTER, JOHN G. STREET ADDRESS 7606 BROCKBANK DR. CITY-ST-ZIP ORLANDO FL TITLE PD NAME NEDLEY, PAUL STREET ADDRESS 9930 CHESLAM DR CITY-ST-ZIP ORLANDO FL TITLE SD NAME KOZUMPLIK, FRANK STREET ADDRESS 1140 WILLOWBROOK TRAIL CITY-ST-ZIP MAITLAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	02 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid ent and title if applicably (NOTE: R ND DIRECTORS DELETE DELETE DELETE DELETE	a, the above-named conhorized by the corporation stated in a statutes.         tegistered Agent signature requirements         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         3.1 TITLE         2.1 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         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP         the exemption stated in atte and that my signature exclust this report as report as reports.	كولتوم 119.07(3)(i), Florida Statutes.   furt Section 119.07(3)(i), Florida Statutes.   furt ه دامال	FL       32.817         ose of changing its registered appointment as registered         - (999- ATE         RS AND DIRECTORS IN 12         Change       Addition         32.807         K Change       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.807       Addition         32.751       Addition         Change       Addition         32.751       Addition         Change       Addition         4.075       Addition	CR2E037 (5/99)

had a Brain Cancer and has prosed away. I am trying to pick up where he left off. Well be prompt for next years renewal -DATE ខ្ល 706 835 597637-90003-24 Sincerely

Paul & Crudly