22   Suite   27   59-1853576     23   MiAni   FL   28     23   MiAni   FL   28     24   33/86   25   116     9. Name and Address of Current Registered Agent   81   Name     NORGON, CHARLES O. JR.   81   Name     1300 N.W. 167 ST.   83	
How FT - Weith Filter.   P.O. BOX 300069     How FT - 33157.   P.O. BOX 300069     US   Suble Appl. F. 103057.     Z. Principal Place of Business   2a. Malling Address     2. Jul Appl. F. etc.   Suble. Apl. F. etc.     2. Suble. Apl. F. etc.   Suble. Apl. F. etc.     2. Dist Incorporated of Qualified   OLY 8 State     2. Jul Appl. F. etc.   Suble. Apl. F. etc.     2. Dist Incorporated of Called Common Comparison Status Desired   Fee     2. Dist Incorporated of Called Common Comparison Status Desired   Fee     2. Jul Appl. F. etc.   2a)   Country     2. Dist Incorporated of Called Common Comparison Status Desired   Fee     2. Dist Incorporated common Comparison Status Desired   Fee     2. Jul Appl. F. etc.   2a)   Country     2. State Incorporation Status Desired Agent   10. Name and Address of New Registered Agent     1. Distate Incorporation Status Desired Common Comparison Status Desired Common Comparison Status Desired Common Comparison Status Desired Agent     1. Distate Incorporation Status Dis	
1     Market State     04/21/1978       Suite, Apt. #, etc.     Suite, Apt. #, etc.     FEI Number       20     Suite, Apt. #, etc.     Suite, Apt. #, etc.     FEI Number       21     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       21     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       22     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.       23     JI JAM J     JE     Country	<u>, , , , , , , , , , , , , , , , , , , </u>
Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   4, FEI Number     22   Suite, Apt. 4, etc.   4, FEI Number     23   Suite, Apt. 4, etc.   4, FEI Number     24   Suite, Apt. 4, etc.   5, Certificate of Status Desired   \$8, 7.     23   The Aminiput App.   Country   5, Election Campaign Financing   \$8, 7.     24   33/86   25   The Country   6, Election Campaign Financing   \$45, 7.     24   33/86   28   The Country   6, Election Campaign Financing   \$45, 7.     25   The Mane and Address of Current Registered Agent   10, Name and Address of New Registered Agent   64     MORGON, CHARLES O. JR.   32   Street Address (P.O. Box Number is Not Acceptable)   33     1300 N.W. 167 ST.   83   84   64   City   FL   65   2     1300 N.W. 167 ST.   83   84   City & Status   83   84   64   City & Status   64   City & Status   74   85, 67   75   75   75   75   75   75   75   75   75   75   76   75   76   76   76	
22   City & State   City & State   5. Certificate of Status Desired   \$8.7.     23   DAMI / FL   2a   Zip   Country   6. Election Campaign Financing   \$8.7.     24   33/86   25   TLC   2a   30   Trust Fund Contribution   \$4.60     23   33/86   25   TLC   2a   30   Trust Fund Contribution   \$4.60     24   33/86   25   Trust Fund Contribution   \$5.16   \$4.60     24   33/86   25   Trust Fund Contribution   \$4.60     25   Street Address of New Registered Agent   \$1   Name     MORGON, CHARLES 0. JR.   82   Street Address (P.O. Box Number is Not Acceptable)     1300 N.W. 167 ST.   83   84   City or registered agent, or both, in the State of Florda. Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familier with, and accept the obligations of, Section \$1,0003. Florida Statutes, the above-named corporation submits the statement for the purpose of changing agent. I am familier with, and accept the obligations of, Section \$1,0003. Florida Statutes, the above-named corporation submits the statement for the purpose of changing agent. I am familier with, and accept the obligations of, Section \$1,0003. Florida Statutes, the above-named corporation submits the statement for the purpose o	pplied For
21   21 <td< td=""><td>ot Applicable Additional</td></td<>	ot Applicable Additional
24     33/86     28     716     29     30     Trust Fund Contribution     Address       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     Address       MORGON, CHARLES O. J.R. 1300 N.W. 167 ST. MIAMI FL 33169     82     Street Address (P.O. Box Number is Net Acceptable)     83       84     City     FL     85     84     City     FL     85       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or boligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Section 617.0503     MOTE Registered Agent statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familier with, and accept the obligations of, Section 617.0503     DATE       12     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     DATE	Additional Required
8. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent     MORGON, CHARLES O. JR.   81     1300 N.W. 167 ST.   82     Street Address (P.O. Box Number is Not Acceptable)     83   84     City   FL     84   City     85   83     86   84     87   83     88   84     City   FL     88   84     City   FL     89   83     84   City     85   64     City   FL     86   64     City   FL     86   City     87   Street Address (P.O. Box Number is Not Acceptable)     88   Gittattere     89   City     89   City     80   Street Address (P.O. Box Number is Not Acceptable)     80   Street Address (P.O. Box Number is Not Acceptable)     81   Annother address (P.O. Box Number is Not Acceptable)     82   Street Address (P.O. Box Number is Not Acceptable) <t< td=""><td>to Fees</td></t<>	to Fees
MORGON, CHARLES O. JR. 1300 N.W. 167 ST. MIAMI FL 33169   B2   Street Address (P.O. Box Number is Not Acceptable)     83   84   City   FL   85   2     11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. Tam familiar with, and accept the obligations of Section 617.0503, Florida Statutes.     SIGNATURE   Ima familiar with eoligitations of Section 71.050, Florida Statutes.   IMOTE Repetered Agent and take 1 applicable.     SIGNATURE   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     13.   STREET ADDRESS   Intrue   Chan     Intrue   PLACE, TED   Intrue   Intrue     STREET ADDRESS   Intrue   Intrue   Chan     Intrue   VD   DELETE   21 multic   Intrue     Intrue   Intrue   Intrue   Intrue   Intrue     Intrue   PLACE, PAT   Intrue   Intrue   Intrue     Intrue   STREET ADDR	
B4     City     FL     86     Z       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.     The provisions of Sections 617.0503 and 617.0503, Florida Statutes.     The provisions of Sections 617.0503, Florida Statutes.     Signature, or both, in the State of Florida, such change was authorized by the corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.     Signature, typed or printed name of registered agent and tibe if explicable.     (NOTE Repetered Agent algorithm required when reinstating)     DATE       12.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     DATE       14.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     Change agent, and the implicable.     Orter       15.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     Change agent, and and agent and the implicable.     Orter       11.     Thrue     PLACE, TED     13.578ET ADDRESS     City - 57.2P     Change agent, and agent and the implicable.     Change agent, and agent and agent and the implicable.     Change agent, and agent age	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.     SIGNATURE   Signature, typed of printed name of neglistand agent and tide if applicable.   (NOTE: Registered Agent signature registed when reinstating)   DATE     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   DATE     13.   NAME   PLACE, TED   DELETE   11TTLE   Chan     NAME   PLACE, TED   13 STREET ADDRESS   Carry ST. 2P   Chan     ITTLE   VD   DELETE   11TTLE   Chan     NAME   PLACE, PAT   22 NAME   13 STREET ADDRESS   Carry ST. 2P     ITTLE   VD   DELETE   11TTLE   Chan     NAME   PLACE, PAT   22 NAME   23 STREET ADDRESS   Carry ST. 2P     ITTLE   VD   DELETE   11TTLE   Chan     NAME   PLACE, PAT   23 STREET ADDRESS   Carry ST. 2P   Chan     NAME   PLACE, PAT   24 CITY-ST-2P   Chan   Chan     NAME   STREET ADDRESS   33 STREET ADDRESS   <	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statules.     SIGNATURE   Signature, typed or printed name of registered agent and tisk if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE     12   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     NAME   PLACE, TED   12 NAME   Intrue     STREET ADDRESS   700 S.E. 27 LANE   13 STREET ADDRESS     ctry-str-zip   HOMESTEAD FL   14 ctry-str-zip     ITTLE   VD   DELETE   21 TITLE     NAME   PLACE, PAT   22 NAME   13 STREET ADDRESS     ctry-str-zip   HOMESTEAD FL   22 NAME   14 ctry-str-zip     ITTLE   VD   DELETE   21 TITLE   Change     NAME   PLACE, PAT   22 NAME   22 NAME   16 ctry-str-zip     ITTLE   STD   DELETE   31 TITLE   Change     NAME   PIERCE, JAMES   32 NAME   22 NAME   17 ctry-str-zip     ITTLE   STD   DELETE   31 TITLE   16 ctry-str-zip	e registered
Signature, typed of printed agent and title if applicable.   (NOTE: Registered Agent and title if applicable.   (NOTE: Registered Agent and title if applicable.     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11.   PD   Intree   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     14.   PLACE, TED   11 TITLE   Immediate required when reinstating   OFFICERS AND DIRECTORS     13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     14.   PLACE, TED   Intree   IDELETE     15.   TITLE   VD     NAME   PLACE, PAT   2.2 NAME     STREET ADDRESS   Colspan="2">Chance     17.   STO   C.S. 27 LANE   2.2 NAME     17.   NAME   2.2	agistered
TITLE   PD   □ DELETE   1.1 TITLE   □ Change     NAME   PLACE, TED   1.2 NAME   1.3 STREET ADDRESS   □ Change     STREET ADDRESS   700 S.E. 27 LANE   1.3 STREET ADDRESS   □ Change     OTTV-ST-ZIP   HOMESTEAD FL   1.4 CITV-ST-ZIP   □ Change     TITLE   VD   □ DELETE   2.1 TITLE   □ Change     NAME   PLACE, PAT   2.2 NAME   □ Change     STREET ADDRESS   700 S.E. 27 LANE   2.3 STREET ADDRESS   □ Change     STREET ADDRESS   700 S.E. 27 LANE   2.3 STREET ADDRESS   □ Change     STREET ADDRESS   700 S.E. 27 LANE   2.3 STREET ADDRESS   □ Change     STREET ADDRESS   700 S.E. 27 LANE   □ DELETE   □ DELETE   □ Change     STREET ADDRESS   700 S.E. 27 LANE   □ DELETE   □ Changee   □ Changee     STREET ADDRESS   10 DELETE   3.1 TITLE   □ Changee   □ Changee     NAME   PIERCE, JAMES   3.2 NAME   3.3 STREET ADDRESS   □ Changee     STREET ADDRESS   10 DELETE   3.4 CITY-ST-ZIP   □ Changeee   □ Changeeee     NAME   □ DELETE <t< th=""><th> ē</th></t<>	ē
ITTLE PLACE, TED 12 NAME   STREET ADDRESS 700 S.E. 27 LANE 13 STREET ADDRESS   CITY-ST-ZIP HOMESTEAD FL 14 CITY-ST-ZIP   TITLE VD DELETE   NAME PLACE, PAT 22 NAME   STREET ADDRESS 700 S.E. 27 LANE 23 STREET ADDRESS   CITY-ST-ZIP HOMESTEAD FL 21 ITTLE   STREET ADDRESS 700 S.E. 27 LANE 23 STREET ADDRESS   CITY-ST-ZIP HOMESTEAD FL 24 CITY-ST-ZIP   ITTLE STD DELETE   NAME PIERCE, JAMES 32 NAME   STREET ADDRESS 16920 SW 274 ST. 33 STREET ADDRESS   CITY-ST-ZIP HOMESTEAD FL 34 CITY-ST-ZIP   TITLE ID DELETE 34 CITY-ST-ZIP   TITLE ID DELETE 44 CITY-ST-ZIP   TITLE ID DELETE 43 STREET ADDRESS   CITY-ST-ZIP HOMESTEAD FL ID Chan   NAME 43 STREET ADDRESS CITY-ST-ZIP   TITLE ID DELETE 51 TITLE   NAME ID DELETE 51 TITLE	Y
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CITV-ST-ZIP   HOMESTEAD FL   14 CITV-ST-ZIP     TITLE   VD   DELETE   21 TITLE     NAME   PLACE, PAT   22 NAME     STREET ADDRESS   700 S.E. 27 LANE   23 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL   24 CITY-ST-ZIP     TITLE   STD   DELETE     NAME   PIERCE, JAMES   21 TITLE     STREET ADDRESS   16920 SW 274 ST.     STREET ADDRESS   16920 SW 274 ST.     STREET ADDRESS   33 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL     TITLE   DELETE     STREET ADDRESS   16920 SW 274 ST.     STREET ADDRESS   33 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL     TITLE   DELETE     STREET ADDRESS   16920 SW 274 ST.     STREET ADDRESS   34 CITY-ST-ZIP     TITLE   IDELETE     STREET ADDRESS   44 CITY-ST-ZIP     TITLE   IDELETE     STREET ADDRESS   43 STREET ADDRESS     CITY-ST-ZIP   IDELETE     STREET ADDRESS   CITY-ST-ZIP     TITLE   IDELETE	E037
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STREET ADDRESS   700 S.E. 27 LANE   23 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL   2.4 CITY-ST-ZIP     TITLE   STD   DELETE   3.1 TITLE     NAME   PIERCE, JAMES   3.2 NAME     STREET ADDRESS   16920 SW 274 ST.   3.3 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL   3.4 CITY-ST-ZIP     TITLE   DELETE   4.1 TITLE     NAME   4.2 NAME     STREET ADDRESS   Chan     CITY-ST-ZIP   HOMESTEAD FL     DELETE   3.4 CITY-ST-ZIP     TITLE   DELETE     AME   4.2 NAME     STREET ADDRESS   4.3 STREET ADDRESS     CITY-ST-ZIP   DELETE     STREET ADDRESS   CITY-ST-ZIP	Addition
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TITLE   STD   DELETE   3.1 TITLE   Chan     NAME   PIERCE, JAMES   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS     STREET ADDRESS   16920 SW 274 ST.   3.3 STREET ADDRESS   3.3 STREET ADDRESS     CITY-ST-ZIP   HOMESTEAD FL   3.4 CITY-ST-ZIP     TITLE   DELETE   4.1 TITLE     NAME   4.2 NAME     STREET ADDRESS   4.3 STREET ADDRESS     CITY-ST-ZIP   DELETE   5.1 TITLE     TITLE   DELETE   5.1 TITLE	
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CITY-ST-ZIP HOMESTEAD FL 34. CITY-ST-ZIP   TITLE    ☐ DELETE 4.1 TITLE    ☐ Chan   NAME    4.2 NAME    4.3 STREET ADDRESS    Gravesian   CITY-ST-ZIP    ☐ DELETE    4.4 CITY-ST-ZIP     ☐ Chan   TITLE    ☐ DELETE    5.1 TITLE     ☐ Chan	
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NAME 02 TOWNE STREET ADDRESS 6.3 STREET ADDRESS	Addition
6.4 CITY-ST-ZIP	Addition
14. 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 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; the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name a statute of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name a statute of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name a statute of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617.	Addition
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name a Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	Addition
SIGNATURE:	Addition

SIGNATURE	SI	GN	Ā	T	U	RE
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4/26/99 305-255 5772 Data Daytime Phone #