NONPROFIT       FLORIDA DEPARTMENT OF STATE         Sandra B. Mortham       Secretary of State         Sandra B. Mortham       Secretary of State         J998       Division of componation Name       Jan 29 1998 8:00 am         DOCUMENT #       768159       (6)         CHILD KEYPPERS' INTERNATIONAL, INC.       Mailing Address         21 19TH AVE. N.       221 19TH AVE. N.       3. Date Incorporated or Cuslified         LAKE WORTH FL 33460-6220       221 19TH AVE. N.       3. Date Incorporated or Cuslified         Suite, Apt. #, etc.       2a. Mailing Address       5. Certificate of Status Desired       \$8.75 Additional Fee Required         Suite, Apt. #, etc.       Suite, Apt. #, etc.       6. Election Campaign Financing       \$5.00 May Be Added to Fees         Zip       Country       Zip       Country       8. This corporation on moneware association?		FILE NUW: FILI	NG FEE IS \$61.25	j	– FILED
DOCCUMENT #       768159       (6)         CHLD KEYPPERS' INTERNATIONAL, INC.       Image: Comparison and the compariso	COR ANNU	PORATION IAL REPORT	Sandra B. Secretary	Mortham of State	Jan 29 1998 8:00am
Principal Pase of Business Alling Address LARE WORTH FL 39409-220 LARE WORTH FL 39409-230 LARE WORTH FL 39409-240 LARE WORTH FL 39409 LARE WORTH FL 3940 LARE WORTH FL 3940 LARE WORTH FL 3940 LARE WORTH FL 3940 LARE WORTH FL 39409 LARE WORTH FL 3940 LARE WORTH FL 3940 LARE WORTH FL 39409 LARE WORTH FL 3940 LARE WORTH F	DOCUN	MENT # 768159	(6)		
Principal Place of Busines         Main g. Address           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           21 FM A/E. N.         21 FM A/E. N.         21 FM A/E. N.           22 FORDED Place of Business         26. Maining Address         5. Certificate of Status Desired         5. 7. S. Address of Busines           20 Solite. Apt. R. oto.         27         20         20 Difference         5. 0. Difference           20 2         20 Difference         20 Difference         20 Difference         3. Difference           21 P         20 Difference         20 Difference         20 Difference         3. Difference           22 Difference         20 Difference         20 Difference         3. Difference         3. Difference           22 Difference         20 Difference         20 Difference         3. Difference         3. Difference           24 Difference         21 Difference         21 Difference         3. Difference         3. Difference           25 Difference         21 Differen	CHILD	Keyppers' Internationa	L, INC.		
LAKE WORTH FL 33469.520         LAKE WORTH FL 33469.520         Multiple State         Description         Description <thdescription< th="">         Description</thdescription<>	Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
2.         Processor         2a.         Main & Address         2a.         Conflicate of Status Desired         Set. 7.5 Acadional           Suite April 7, dot.         Suite April 7, dot.         Suite April 7, dot.         Suite April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address of Curve April 7, dot.         Set. 00 May Be Address April 8, dot.         Set. 00 May Be Address A				0	04/26/1983
21       28       Cell California of Salato Dealardo       24       ree Required         22       27       27       Cell California of Salato       State Apple Print Apple Print Apple Print Apple Print Comparing Tax California a Tomeware association of the Comparing Tax California as Tomeware association of the Comparing Tax California as the Comparing Tax California as Tomeware association of the Comparing Tax California association as to metaware association of the Comparing Tax California association as tomeware association of the Comparing Tax California association as tomeware association of the Comparing Tax California association associati astressociation association associati associa	2. Principal Pl	ace of Business	2a. Mailing Address		
22         27         True Fund Contribution         Added to Feetrer           Chy & State         20         Cly & State         7. Is this nonprofit componation a horecoments association?           Zip         Country         20         Country         8. This corporation a horecoments association?           Zip         Country         20         Country         8. This corporation and horecoments association?           SN Rame and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           SSR ROYAL PALM WAY         83         Street Address (P.O. Box Number is Not Acceptable)         83           SUTE 206         PALM BEACH FL 33480         84         City         FL         85           T1         Presum to the provisions of Section 617 4052 and 617 40503. Fordad Statedes.         10 and statement for the purpose of changing is registered agent.         85           SIGNATURE         Border Agent State and Address and Addre	21	······			S. Certificate of Statos Desired Fee Required
City & State         City & State         City & State         T. Is this nonprofit corporation a homeouners association?           Zip         Country         Zip         Country         R. The corporation owe or has paid the current year intrarptile           Personal Program         9         30         Personal Program         0	Suite, Apt. : 22	#, etc.			
Zip         Country         Zip         Country         Its corporation owes or has paid the ourrent year intangible Personal Property Tax due use 30.         Yes         No           30         90         90         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           ISRAEL, GARY S. 350 ROYAL PALM WAY         82         Street Address (P.O. Box Number is Not Acceptable)         83           SUTE 206         83         94         City         FL         85         Zp Code           11. Pursuant to the provisions ubmit this statement for the purpose of changing the registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing the registered agent at 81% approximations due the coordealion's board of directors. I herdby accept the exponintment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above registered agent contracts. I herdby accept the exponintment as registered agent with an accept the obligations of, Section 617.0503, Florida Statutes, the above registered agent contracts. I herdby accept the exponintment as registered agent with an accept the obligation of, Section 617.0503, Florida Statutes, the above registered agent contracts. I herdby accept the exponintment as registered agent with an accept the obligation of, Section 617.0503, Florida Statutes, the above registered agent contracts. I herdby accept the exponent ment as registered agent contracts. I herdby accept the exponent ment as registered agent contregistered agent contracts. I herdby accept the apolistement agent	City & State	}			
Series         Description         100         Name and Address of New Registered Agent           ISRAEL, GARY S. SSO ROYAL PALM WAY SUITE 206         10         Name         10		<sup>2</sup>	Zip		
SPAEL, GARY S.       Street Address (P.O. Box Number is Not Acceptable)         SUITE 206       File         PALM BEACH FL 33480       Bit         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 its registered agent. and accept the objections. I hereby accept the appointment as registered agent. I and accept the objections of 7.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and accept the objections of 7.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I and accept the objections of 7.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I and accept the objections of 7.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I and accept the objections of 7.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I and the instatute of the appointment as registered agent. I and the application of Accept the appointment as registered agent. I and the object of the appointment as registered agent. I and the application of Accept the appointment as registered agent. I and the application of Accept the appointment as registered agent. I and the application of Accept the applicatin adent application of Accept the application	24		==	30	
SD ROYAL PALM WAY SUITE 206     B       SUITE 206     FL     64       City     FL     65       21     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 its registered agent. 1amilar with, and accept the obligations of, Sections 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1amilar with, and accept the obligations of, Sections 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1amilar with, and accept the obligations of, Sections 617.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 617.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 617.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 617.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 617.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and accept the obligations of, Sections 71.0503, Florida Statutes, agent. 1amilar with, and the application.       NME     CURRIER, JOANN     12 Multications 71.0503, Florida Statutes, and the applications.       NME				81 Name	,
SUITE 206 PALM EEACH FL 33480     83       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 its registered agent. I am lamilar with, and accept the abligations of, Section 617.0503, Florida Statutes, the origonation's board of directors. I hereby accept the appointment as registered agent. I am lamilar with, and accept the abligations of, Section 617.0503, Florida Statutes.       IGNATURE     Ignature, type or proved name of registered agent and fibrit applicable.     (NOTE Registered Agent algentwe required work reinstating)     DATE       12.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12       13.     Intel Control of the state of Provide agent and fibrit applicable.     (NOTE Registered Agent algentwe required work reinstating)     DATE       13.     CURRIER, JO ANIN     12.WWE     13. Steef AddRESS     13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.       14.     OFFICERS AND DIRECTORS     13. Steef AddRESS     13. Steef AddRESS     14.ddRE       17.     UD     DELETE     11.TITLE     13.Steef AddRESS     14.ddRE       17.     VD     DELETE     11.TITLE     13.Steef AddRESS     14.ddRE       17.     VD     DELETE     11.TITLE     14.ddRES       17.     VD     DELETE     11.TITLE     14.ddRES       17.     Cortange     14.ddRES       17.				82 Street Add	dress (P.O. Box Number is Not Acceptable)
PALM PEACH FL 33480         PALM PEACH FL 33480         The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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 board of directors. I hereby accept the appointment as 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 registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as 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 registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, The appointment as registered agent, and the appointment aset agent, and the app				83	
11. Pursuant to the provisions of Sections 617 C602 and 617.1508, Florida Statutes, the above-mere operation's board of directors. I hereby accept the appointment as registered agreed, tam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE				84 City	85 Zip Čode
TITLE       VD       DELETE       2.1 TITLE       Change       Addition         NAME       SCHMITT, RONALD       2.2 NAME       2.3 STREET ADDRESS       5240 WIGGINS RD.       2.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP			and 617.1508, Florida Statute	s, the above-named co	rporation submits this statement for the purpose of changing its registered
TITLE       VD       DELETE       2.1 TITLE       Change       Addition         NAME       SCHMITT, RONALD       2.2 NAME       2.3 STREET ADDRESS       5240 WIGGINS RD.       2.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	
TITLE       VD       DELETE       2.1 TITLE       Change       Addition         NAME       SCHMITT, RONALD       2.2 NAME       2.3 STREET ADDRESS       5240 WIGGINS RD.       2.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP	SIGNATURE _	Signature, typed or printed name of registered agent OFFICERS AND	and the it applicable. (NOTE: DIRECTORS	Registered Agent signature req 13.	
TITLE       VD       DELETE       2.1 TITLE       Change       Addition         NAME       SCHMITT, RONALD       2.2 NAME       2.3 STREET ADDRESS       5240 WIGGINS RD.       2.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD	and the it applicable. (NOTE: DIRECTORS	Registered Agent signature req 13. 1.1 TITLE	
NAME       SCHMITT, RONALD       22 NAME         STREET ADDRESS       5240 WIGGINS RD.       23 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP         TITLE       VD       DELETE       3.1 TITLE         NAME       PETERSON, WILLIAM DDS       32 RAME         STREET ADDRESS       3472 FOREST HILL BLVD.       33 STREET ADDRESS         GITY-ST-ZIP       W. PALM BEACH FL       34. CITY-ST-ZIP         TITLE       S       DELETE       4.1 TITLE         STREET ADDRESS       221 19TH AVENUE N.       4.2 NAME         STREET ADDRESS       221 19TH AVENUE N.       4.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       4.4 CITY-ST-ZIP         TITLE       TD       DELETE       5.1 TITLE         NAME       EASTON, MARK       5.2 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       5.1 TITLE         TITLE       TD       DELETE       5.1 TITLE         NAME       EASTON, MARK       5.2 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       6.1 TITLE         ITLE	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N.	and the it applicable. (NOTE: DIRECTORS	Progistered Agent signature requests  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	
STREET ADDRESS       5240 WIGGINS RD.       2.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       2.4 CITY-ST-ZIP         ITTLE       VD       DELETE       3.1 TITLE         NAME       PETERSON, WILLIAM DDS       3.2 NAME         STREET ADDRESS       3472 FOREST HILL BLVD.       3.3 STREET ADDRESS         GITY-ST-ZIP       W. PALM BEACH FL       3.4 CITY-ST-ZIP         TITLE       S       DELETE       4.1 TITLE         NAME       CURRIER, ANDREW V       4.2 NAME         STREET ADDRESS       221 19TH AVENUE N.       4.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       4.4 CITY-ST-ZIP         TITLE       TD       DELETE         STREET ADDRESS       221 19TH AVENUE N.       4.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       4.4 CITY-ST-ZIP         TITLE       TD       DELETE       5.1 TITLE         NAME       EASTON, MARK       52 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       5.4 CITY-ST-ZIP         NAME       EASTON, MARK       5.2 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         130 SOU	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE       VD       DELETE       3.1 TITLE       Change       Addition         NAME       PETERSON, WILLIAM DDS       3.2 NAME       3.3 STREET ADDRESS       3.472 FOREST HILL BLVD.       3.3 STREET ADDRESS         STREET ADDRESS       3472 FOREST HILL BLVD.       3.3 STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature req       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE	Uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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STREET ADDRESS       221 19TH AVENUE N.       4.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       4.4 CITY-ST-ZIP         TITLE       TD       DELETE       5.1 TITLE         NAME       EASTON, MARK       52 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       5.4 CITY-ST-ZIP         ITTLE       CS       5.4 CITY-ST-ZIP         ITTLE       CS       1 OELETE         STREET ADDRESS       5.686 ITHACA CIRCLE EAST         STREET ADDRESS       5686 ITHACA CIRCLE EAST         6.3 STREET ADDRESS       5686 ITHACA CIRCLE EAST         6.4 CITY-ST-ZIP       LAKE WORTH FL	SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL		Registered Agent signature req         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	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
CITY-ST-ZIP       LAKE WORTH FL       44 CITY-ST-ZIP         TITLE       TD       DELETE       5.1 TITLE         NAME       EASTON, MARK       52 NAME         STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       5.4 CITY-ST-ZIP         TITLE       CS       DELETE         NAME       VERNI, CHERYL       6.1 TITLE         STREET ADDRESS       5686 ITHACA CIRCLE EAST       6.3 STREET ADDRESS         CITY ST ZIP       LAKE WORTH FL       6.4 CITY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S		Registered Agent signature req         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	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
NAME       FD       <	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V		Registered Agent signature req         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	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
STREET ADDRESS       130 SOUTH H STREET       5.3 STREET ADDRESS         CITY-ST-ZIP       LAKE WORTH FL       5.4 CITY-ST-ZIP         TITLE       CS       DELETE       6.1 ITTLE         NAME       VERNI, CHERYL       6.2 NAME         STREET ADDRESS       5686 ITHACA CIRCLE EAST       6.3 STREET ADDRESS         STREET ADDRESS       5686 ITHACA CIRCLE EAST       6.4 CITY-ST-ZIP	SIGNATURE _ 12. 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	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature req         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         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
CITY-ST-ZIP     LAKE WORTH FL     5.4 CITY-ST-ZIP       TITLE     CS     DELETE     6.1 TITLE       NAME     VERNI, CHERYL     6.2 NAME       STREET ADDRESS     5686 ITHACA CIRCLE EAST     6.3 STREET ADDRESS       CITY ST. ZIP     LAKE WORTH FL     6.4 UIY-ST-ZIP	SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL TD	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature requirements         13.       1.1 ITILE         1.2 NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 ITILE         2.2 NAME       2.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 ITILE         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       4.1 ITILE         3.4. CITY-ST-ZIP       4.1 ITILE         4.2 NAME       4.3 STREET ADDRESS         3.4. CITY-ST-ZIP       5.1 ITILE	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
NAME     VERNI, CHERYL     6.2 NAME       STREET ADDRESS     5686 ITHACA CIRCLE EAST     6.3 STREET ADDRESS       CTTV, ST, 7IP     LAKE WORTH EI     6.4 CITY-ST, 7IP	SIGNATURE _ 12. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL TD EASTON, MARK	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME	Ulired when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
STREET ADDRESS 5686 ITHACA CIRCLE EAST 6.3 STREET ADDRESS	SIGNATURE _ 12. 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	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL TD EASTON, MARK 130 SOUTH H STREET		Registered Agent signature req         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         5.2 NAME         5.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS	Ulifed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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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 information indicated on the analysis and the transfer and that my signature shall have the same leval effect as if made under path that I am an	SIGNATURE 12. 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	Signature, typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL TD EASTON, MARK 130 SOUTH H STREET LAKE WORTH FL CS VERNI, CHERYL		Registered Agent signature req         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         5.2 NAME         5.3 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         6.2 NAME	Ulifed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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	SIGNATURE _ 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP 111LE NAME STREET ADDRESS STREE	Signature. typed or printed name of registered agent OFFICERS AND PD CURRIER, JO ANN 221 19TH AVE. N. LAKE WORTH FL VD SCHMITT, RONALD 5240 WIGGINS RD. LAKE WORTH FL VD PETERSON, WILLIAM DDS 3472 FOREST HILL BLVD. W. PALM BEACH FL S CURRIER, ANDREW V 221 19TH AVENUE N. LAKE WORTH FL TD EASTON, MARK 130 SOUTH H STREET LAKE WORTH FL CS VERNI, CHERYL 5686 ITHACA CIRCLE EAST LAKE WORTH FL	Ind the it applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Rogistered Agont signature req         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         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         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         6.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME         6.3 STREET ADDRESS         6.4 CITY-ST-ZIP	

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