Mailing Address

P O BOX 407044

MS-A127

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852139 1. Corporation Name

Principal Place of Business

480 SPRING PARK PLACE

SUITE 1000

RACAL RECORDERS INC.

2. Principal Place of Business 2a. Mailing Address 25 Po Box 9963 4. FEN Umber 52-1144075 Not Applied For Surfa, Apr. 4, etc. 25 Po Box 9963 5. Cartificate of Status Desired 52-1144075 Not Applied For Surfa, Apr. 4, etc. 25 Surfa, Apr. 4, etc. 27 City & State 27 City & State 27 City & State 27 City & State 28 F. Addition 52-1144075 S. Cartificate of Status Desired 52-1144075	HERNDON VA 20170 FT. LAUDERDALE FL 33340-7044				144				DO NOT WRITE IN THIS SPACE							
2. Principal Piaco of Business 2. Adalign Address 2. PO Box 9963 3. 52-1144075 3. Electron Status Desired S8.75 Additional	US		US	US							1 = · · · · · · · · · · · · · · · · · ·					
Suite, Apt. #, etc. 20										1						
Suite, Apt. F, etc. 27	2. Principal Pl	ace of Business	2a.	. Mailing	Addres	ss					4. FEI Numb	ег			Appl	ied For
City & State City & State	21		26	Ро	Box	: 9963	1				52-1144	1 075			Not.	Applicable
Total Actions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of charge in segistered agent or registered agent, or both, in the State of Fiorida. Such change was authoritied by the corporation's board of directors. Thereby accept the appointment as registered of Section 607,0502, Profice Statutes, the above-named corporation submits this statement for the purpose of charge in segistered of sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of charge in segistered office or registered agent, or both, in the State of Fiorida. Such change was authoritied by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authoritied by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authoritied by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida. Such change was authoritied by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Fiorida Statutes. 11. Fursuant to the provisions of Sections 607,0502, Fiorida Statutes, the above-named corporation submits this statement for the purpose of heavy accept the appointment as registered office or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation submits this statement for the purpose of heavy accept the appointment as registered office or registered agent. 12.	Suite, Apt.	#, etc.		Suite,	Apt. #, e	etc.					E Cartifonto	of Status Desired	П	v		
20 Country 20 Added to Fees	22		27							1	5. Certificate	or Status Desired		Fe	e Req	uired
Special Country 2p 2p 2p 2p 2p 2p 2p 2	City & State	•		City &	State			-7		ا بتنيد	Election-C.	Campaign Financin	g	\$5	₁-00:	łay Be
Zip Country Zip Country Zip Country Zip 33340-9963 so U.S Personal Property Tax. Yes AND Personal Agent Address of New Registered Agent Yes AND Personal Agent Address of New Registered Agent Yes AND Personal Agent Address of New Registered Agent Yes AND Personal Agent Address of New Registered Agent Yes AND Personal Agent Address of New Registered Agent Yes Ye	23		28	Fr.	Aug	EROAL	e T	·L			Trust Fun	d Contribution		Ad	ded to	Fees
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its registered	Zip	Country		Zip			Countr	•			8. This corpo	oration owes the cu	ırrent year Inta	ر 'طngi		- لگ
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0592 and 607,1598, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am an accept the obligations of Section 607,0592 and 607,1598, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am an accept the obligations of Section 607,0595, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am an accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am accept the obligations of Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered office or registered agent, or both in the purpose of changing its registered agent. I am acceptation submits this statement for the purpose of changing its registered office or registered agent. I am acceptation submits this statement for the purpose of changing its registered agent and the submits and acceptation submits this statement for the purpose of changing its registered agent. I am acceptation submits this statement for the purpose of changing its registered agent. I am acceptation appears and the submits and acceptation appears and the purpose of changing its registered agent and the submits and ac	24	25	29	333	40-9	7963 30	ו	U	JS _		Personal	Property Tax.		. Yes	<u> </u>	No
CT CORPORATION SYSTEM 1200 S. PINE SLAND ROAD PLANTATION FL 33324 City FL 85 Zip Code		9. Name and Address of Current	Regis	stered A	gent		<u> </u>				10. Name an	d Address of Nev	Registered A	gent		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes. 12. The section of the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505. Florida Statutes. 12. The section of the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 12. The section of the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. 12. The section of the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Time. 12. Time. 12. Time. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. Time. 14.							81	1	Name							•
PLANTATION FL 33324 11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered 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 registered 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 registered 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 registered 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 registered 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 registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the State appointment as registered agent, or both, in the appointme	CT CORPORATION SYSTEM							92 Chart Address (B.O. Box Number in Not Assessable)								
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corporation of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporations 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 607,0505, Florida Statutes. SIGNATURE	1200 S. PINE ISLAND ROAD			•			0,	Street Address (M.O. Box Number is Not Acceptable)								
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, hyped or private rams of registered inpart and site if applicable. (NOTE: Registered Agent separation received when reinstation) DATE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent separation received when reinstation) DATE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent separation received when reinstation) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. TITLE 15. TI	PLAN	NTATION FL 33324					83	3								
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Signature, hyped or private rams of registered inpart and site if applicable. (NOTE: Registered Agent separation received when reinstation) DATE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent separation received when reinstation) DATE 12. OFFICERS AND DIRECTORS (NOTE: Registered Agent separation received when reinstation) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. TITLE 15. TI								\perp								
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was allowed agent and title if applicable. (NOTE: Registered Agent agentume required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD							84	4	City				FI	85	Zip Co	ode
office or registered agent, or both, in the State of Horida. Such change was aumorized by the corporation's fluetures. Thereby accept the appointment as registered agent, and marked in a fragilization. Science of Profice Science of Osos, Profided Statutes. SIGNATURE Signature, typed or privined manue of registered agent and title if applicable. (NOTE: Registered Agent agentation required when reinstalling). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITILE PD. Addition Lawae MYOTT, SCOTT STREET ADDRESS SUNRISE FL 33323 Lawae Lawae MYOTT, SCOTT STREET ADDRESS SUNRISE FL 33323 Lawae La				207 4500	Fig. de	- Ctatutan	the obo		nomod i	-arnar	ation submits t	his statement for the		hangir	na its n	egistered
Agent. I am familiar with, and accept the obligations of, Section 607.0905, Floridal Statutes. SIGNATURE Signature, Typed or printed name of registered Regent and 19th if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD KEMPSON, DAVID 12.NAWE STREET ADDRESS GRY 13. STREET ADDRESS GRY 13. STREET ADDRESS ABOSPRING PARK PLACE HERNDON VA 20170 14. GTY-ST-2P TATAS DIAZ, WILLIAM 22. NAME DIAZ, WILLIAM 23. STREET ADDRESS 1601 HARRISON PKWY 33. STREET ADDRESS 1601 HARRISON PKWY 33. STREET ADDRESS 1601 N. HARRISON PKWY 43. STREET ADDRESS 54. GTY-ST-2P TITLE DELETE 11. TITLE DELETE 51. TITLE 12. STREET ADDRESS 54. GTY-ST-2P TITLE 13. STREET ADDRESS 54. GTY-ST-2P TITLE 14. GTY-ST-2P TITLE 15. TITLE 15. STREET ADDRESS 54. GTY-ST-2P TITLE 15. TITLE 15. STREET ADDRESS 54. GTY-ST-2P TITLE 15. STREET ADDRESS 54. GTY-ST	office or re	egistered agent, or both, in the State of	t Hon	ida, Şụch	ı change	e was auth	onzea o	y tr	he corpo	ration'	's board of dire	ectors. I hereby acc	ept the appoin	tment	as regi	stered
Signature, typed or printed name of registands. (INOTE: Registered Agent signature required instruction in including). 12. OFFICERS AND DIRECTORS ITTLE PD KEMPSON, DAVID KEMPSON, DAVID KEMPSON, DAVID STREET ADDRESS TREET ADDRESS TITLE ATAS DIAZ, WILLIAM DIAZ, WILLIA	agent. I a	m familiar with, and accept the obligation	ons of	f, Section	1 607.ŎS	505, Florida	a Statute	s.	•							
Signature, typed or printed name of registands. (INOTE: Registered Agent signature required instruction in including). 12. OFFICERS AND DIRECTORS ITTLE PD KEMPSON, DAVID KEMPSON, DAVID KEMPSON, DAVID STREET ADDRESS TREET ADDRESS TITLE ATAS DIAZ, WILLIAM DIAZ, WILLIA	SIGNATURE															
TITLE PD KEMPSON, DAVID KEMPSON, DAVID 12 NAME STREET ADDRESS AS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323						(NOTE: Re		ent s	signature re	quired w		0.0000000000000000000000000000000000000		2 0100	OTOF	C IN 42
INTER NAME NAME KEMPSON, DAVID 480 SPRING PARK PLACE GTY-ST-ZIP HERNDON VA 20170 ITILE ATAS DIAZ, WILLIAM STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 MOELETE MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP SUNRISE FL 33323 MOELETE AT MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP SUNRISE FL 33323 MOELETE AT MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP SUNRISE FL 33323 MOELETE ATITULE AT MYOTT, SCOTT STREET ADDRESS GTY-ST-ZIP SUNRISE FL 33323 MOELETE ATITULE AT MAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY STREET ADDRESS 1601 N. HARRISON PKWY SUNRISE FL 33323 MOELETE ATITULE AT MOELETE ATITULE ATITULE	12.		DIRE	ECTORS		FTE			·	DN.	ADDITION	S/CHANGES TO C	FFICERS AND			
STREET ADDRESS 480 SPRING PARK PLACE HERNDON VA 20170 TITLE ATAS DIAZ, WILLIAM STREET ADDRESS 1601 HARRISON PKWY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 TITLE ATA SUNRISE FL 33323 TOELETE ADDRESS ATA SUNRISE FL 2017O TOELETE ATA SUNRISE FL 2017O TOEL	TITLE	· · ·			™ DEI	LEIE			1.	Ţν	- Pak			i One	ai igo	E House
HERNDON VA 20170 14 CITY-ST-ZIP	NAME								1	JAM	IES IORE	D. A. Dlaco				
TITLE ATAS DIAZ, WILLIAM STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 MYOTT, SCOTT STREET ADDRESS CITY-ST-ZIP MYOTT, SCOTT 32 MARE HERNDON, VA 20170 TITLE AT MYOTT, SCOTT 32 MARE 1601 HARRISON PKWY SUNRISE FL 33323 MOBILETE 31 TITLE MYOTT, ST-ZIP MYOTT, SCOTT 32 MARE 1601 HARRISON PKWY SUNRISE FL 33323 MOBILETE 33 STREET ADDRESS CITY-ST-ZIP MAGdition TITLE AT FINGEROOT, FRANCES 1601 N. HARRISON PKWY. STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELETE DELETE 1 DELETE 1 TITLE MAME 1 DELETE 1 TITLE MAME 1 DELETE 1 DELETE 1 TITLE MAME 1 DELETE 1 DELETE 1 TITLE MAME 1 DELETE	STREET ADDRESS	480 SPRING PARK PLACE					1.3 STRE	ETA	ADDRESS	480	rzbung!	pertice				
TITLE ATAS DIAZ, WILLIAM STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 MYOTT, SCOTT STREET ADDRESS CITY-ST-ZIP MYOTT, SCOTT 32 MARE HERNDON, VA 20170 TITLE AT MYOTT, SCOTT 32 MARE 1601 HARRISON PKWY STREET ADDRESS CITY-ST-ZIP MYOTT, ST-ZIP MYOTT, SCOTT 32 MARE 1601 HARRISON PKWY SUNRISE FL 33323 MOBILETE 31 TITLE 1601 HARRISON PKWY SUNRISE FL 33323 MOBILETE 41 TITLE AT FINGEROOT, FRANCES 1601 N. HARRISON PKWY. STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELETE 1501 MARE 1601 N. HARRISON PKWY. SUNRISE FL DELETE 1501 MARE 1501 MARRISON PKWY. MARE 1501 MARRISON PKWY. MARE 1602 MARRISON PKWY. MARE 1603 MARRISON PKWY. MARE 1604 MARRISON PKWY. MARE 1605 MARRISON PKWY. MARE 1606 MARRISON PKWY. MARE 1607 MARRISON PKWY. MARE 1607 MARRISON PKWY. MARE 1608 MARRISON PKWY. MARE 1609 MARRISON PKWY. MARE 1609 MARRISON PKWY. MARE 1601 MARRISON PKWY. MARRISON PK	CITY-ST-ZIP	HERNDON VA 20170					1.4 CITY-	ŞT-	-ZIP	Her	<u>NDON, Y</u>	A 20170				
STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 1601 HARRISON PKWY SUNRISE FL 33323 2.4 CITY-ST-ZIP MYOTT, SCOTT 1601 HARRISON PKWY STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 3.4 CITY-ST-ZIP TITLE AT STREET ADDRESS CITY-ST-ZIP TITLE AT STREET ADDRESS 1601 N. HARRISON PKWY AT SUNRISE FL 33323 3.4 CITY-ST-ZIP ACTIVE STREET ADDRESS 1601 N. HARRISON PKWY AS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	TITLE	ATAS			☐ DEL	LETE	2.1 TITLE			VΡ	_			☐ Cha	ange	Addition
CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP MYOTT, SCOTT STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP SUNRISE FL SITTLE CITY-ST-ZIP SUNRISE FL SUNRISE FL SITTLE CITY-ST-ZIP SITTLE CITY	NAME	DIAZ, WILLIAM					2.2 NAME		ļ	IAN	/ LUNNIN	GHAM DIAG	a			
CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP MYOTT, SCOTT STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP SUNRISE FL SUNRISE STREET ADDRESS CITY-ST-ZIP SUNRISE S	STREET ADDRESS	1601 HARRISON PKWY					2.3 STRE	ET A	adoress	480	SDRING	Hack rau	೭			
TITLE AT DELETE 3.1 TILE TRASS AS Change Addition NAME MYOTT, SCOTT STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 TITLE AT DELETE 4.1 TITLE NAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL 33323 TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAM	-	SUNRISE FL 33323					2. 4 CITY-	·ST-	r-ZIP	Hes	ENDON.	VA 20170)			
NAME MYOTT, SCOTT STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 TITLE NAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition	TITLE	*AT	يحد		₩ DEI	LETE .	.3.1 TITLE			Tre	SAS			Ch	ange	Addition
STREET ADDRESS 1601 HARRISON PKWY SUNRISE FL 33323 TITLE AT NAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL AT NAME FINGEROOT, FRANCES 1601 N. HARRISON PKWY. SUNRISE FL DELETE 4.1 TITLE A.3 STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELETE 1.1 TITLE DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE DELETE Addition Change Addition Change Addition Change Addition Change Addition				•	_		3.2 NAME			7	7. Mirri	NGS T	يسره سيد	_		
SUNRISE FL 33323 34. CITY-ST-ZIP AT NAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5.1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE NAME SAME SAM							3.3 STRE	ET A	ADDRESS	40.0	COCING	Bekrloce	<u>ર</u>			
TITLE NAME FINGEROOT, FRANCES 1601 N. HARRISON PKWY. STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP SUNRISE FL DELETE 5.1 TITLE NAME 52 NAME 53 STREET ADDRESS 61TY-ST-ZIP TITLE NAME 51 STREET ADDRESS 61 STREET ADDRESS 62 NAME 63 NAME 64 STREET ADDRESS 65 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 61 STREET ADDRESS 62 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 65 STREET ADDRESS 65 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 66 STREET ADDRESS 67 STREET ADDRESS 67 STREET ADDRESS 68 STREET ADDRESS 69 STREET ADDRESS 69 STREET ADDRESS 60 STREET ADDRESS 61 STREET ADDRESS 62 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 65 STREET ADDRESS 65 STREET										Ho	PAIDAN.	NA 2017	76			
NAME FINGEROOT, FRANCES STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL DELFINA (Ampos 1601 N HARRISON PKWY) 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP SUNRISE FL DELETE 5.1 TITLE NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 TITLE NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.5 STREET ADD					DEI	LETE						11-1-0-1		Ch	ange	Addition
STREET ADDRESS 1601 N. HARRISON PKWY. SUNRISE FL 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP SUNRISE FL 1711LE NAME 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition					40				ļ	Ϋ́	THIN (A	mpos n.				-
Addition CITY-ST-ZIP SUNRISE FL										uer	I'N HAD	PRISON PK	wy			
TITLE									I	IDO	מריקו שן זו	23223	/			
NAME	CITY-ST-ZIP	SUNKISE FL				CTC			-ZIP	Ju	<u> </u>	1 33063			anne	☐ Addition
STREET ADDRESS	TITLE				∐ DEI	LEIE			l						21 IGG	
	NAME															
DELETE 6.1 TITLE Change Addition	STREET ADDRESS															
NAME 62 NAME 62 NAME	CITY-ST-ZIP								-ZIP							
C A CTOFFT A DODESS	TITLE				☐ DEI	LETE	6.1 TITLE		T					Ch	ange	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME						6.2 NAME	•	Ì							
	STREET ADDRESS						6.3 STRE	ET A	adoress							

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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP



FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90223 050 ***150.00