FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90147 050 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F20112

	ENT # F20112				1			
Corporation N KYRIAKIS	AND ASSOCIATES, INC.			•	THE STATE OF THE PARTY OF THE STATE OF THE S			
rincipal Place o	f Business	Mailing Address			, 100			
ALEXANDER KY		% ALEXANDER KYRIAKIS			ļ			
49 BERKLEY CT.		849 BERKLEY CT. PALM HARBOR FL 34684			DO NOT WRITE IN THIS SPACE			
ALM HARBOR FL	34684	PALM MANBOR PL 34004			3. Date Incorporated or Qualifed			1
					02/11/1981		1 0 1	ad For
		2a. Mailing Address			4. FEI Number			ed For Applicable
. Principal Plac	ce of Business	26			59-2059767		\$8.75 Ad	7.
Suite, Apt. #,	otc	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	Fee Requ	
٠ .	eic.	27					\$5.00 M	
City & State		City & State	_		Election Campaign Financing Trust Fund Contribution		Added to	- 1
-		28			8. This corporation owes the curre	ent vear Intan	aible	
Zip	Country	Zip		intry	Personal Property Tax.		JYes 5	No
1	25	29	30		10. Name and Address of New R	egistered A	gent 7	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. 100110 011-11-1-1			i
				1 1		hlo)		
	KIS, ALEXANDER			82 Street Add	ress (P.O. Box Number is Not Accepta	bie)		
849 B	ERKLEY CT.			83				
PALM	HARBOR FL 34684			63			85 Zip C	ode
				84 City		FL	1 1	
					poration submits this statement for the tion's board of directors. I hereby accep		hanging its r	egistered
 Pursuant to office or reagent. I an 	gistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorize Iorida Sta	ed by the corporat tutes.	poration submits this statement for the tion's board of directors. I hereby acception's			
agent. I an	n familiar with, and accept the oblig	gations of, Section 607.0505, F	londa Sta	ad Agent signature requi		DATE	DIRECTO	RS IN 12
SIGNATURE	of familiar with, and accept the oblight Signature, typed or printed name of registered as	gations of, Section 607.0505, F	TE: Registere	ad Agent signature requi		DATE		
office of reagent. I an SIGNATURE 12.	of familiar with, and accept the oblight familiar with familiar with a second with the oblight familiar with familiar with a second with the oblight familiar with a second with the oblight familiar with a second with the oblight familiar with the oblight fam	gations of, Section 607.0505, Figent and title if applicable. ND DIRECTORS	TE: Registere	ad Agent signature requi		DATE	DIRECTO	RS IN 12
office of reagent. I an SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ac OFFICERS A P KYRIAKIS, ALEXANDER	gations of, Section 607.0505, Figent and title if applicable. ND DIRECTORS	TE: Registere 13	ad Agent signature requi		DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	of familiar with, and accept the oblig- Signature, typod or printed name of registered ac OFFICERS A P KYRIAKIS, ALEXANDER 849 BERKLEY CT.	gations of, Section 607.0505, Figent and title if applicable. ND DIRECTORS	TE: Registere 13 1.1 1.2	ad Agent signature requi		DATE	DIRECTOI	RS IN 12
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of familiar with, and accept the oblight familiar with familiar with familiar with, and accept the oblight familiar with famil	gations of, Section 607.0505, Figent and title if applicable. ND DIRECTORS	TE: Registere 13 1.1 1.2 1.3 1.4	ad Agent signature requii , , TITLE NAME STREET ADDRESS		DATE	DIRECTO	RS IN 12
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of familiar with, and accept the oblight familiar with familiar with familiar with, and accept the oblight familiar with famil	gations of, Section 607.0505, Figeria and title if applicable. (NO	TE. Registere 13 1.1 1.2 1.3 1.4 2.1 2.2	Ad Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DATE	DIRECTOI	RS IN 12
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	of familiar with, and accept the oblight familiar with	gations of, Section 607.0505, Figeria and title if applicable. (NO	TE. Registere 13 1.1 1.2 1.3 1.4 2.1 2.2	Ad Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DATE	DIRECTOI	RS IN 12
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT.	gent and title if applicable. (NC ND DIRECTORS DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	Ad Agent signature requii TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP		DATE	DIRECTOI	RS IN 12 Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	of familiar with, and accept the oblight familiar with	gations of, Section 607.0505, Figeria and title if applicable. (NO	TE. Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 3.1	Ad Agent signature requii TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE		DATE	DIRECTOI	RS IN 12 Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT.	gent and title if applicable. (NC ND DIRECTORS DELETE	TE. Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	Ad Agent signature requii TITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE TITLE NAME		DATE	DIRECTOI	RS IN 12 Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NC ND DIRECTORS DELETE	TTE: Registere 13	AND ADDRESS AND ADDRESS AND ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS A CITY-ST-ZIP TITLE P. NAME STREET ADDRESS A CITY-ST-ZIP TITLE P. NAME STREET ADDRESS A CITY-ST-ZIP STREET ADDRESS A CITY-ST-ZIP STREET ADDRESS B STREET ADDRESS B STREET ADDRESS		DATE	DIRECTOI	RS IN 12 Addition
OTICE OF TE AGENT. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NCAND DIRECTORS DELETE	TTE: Registere 13	AND ADDRESS A CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS A CITY-ST-ZIP TITLE P. NAME STREET ADDRESS A CITY-ST-ZIP STREET ADDRESS A CITY-ST-ZIP TITLE P. NAME STREET ADDRESS A CITY-ST-ZIP		DATE	DIRECTOI	RS IN 12 Addition Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NC ND DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.1	AND AGENT SIGNATURE REQUISION. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 9 STREET ADDRESS 4 CITY-ST-ZIP TITLE		DATE	DIRECTO	RS IN 12 Addition Addition
OTICE OF TE AGENT 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	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NCAND DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.1	AND ADDRESS A CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 8 STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 9 STREET ADDRESS 4 CITY-ST-ZIP TITLE 1 NAME 9 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME		DATE	DIRECTO	RS IN 12 Addition Addition
OTICE OF TE AGENT 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NCAND DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 3.4 4.1 4.4 4.1 4.	AND Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS		DATE	D DIRECTO	RS IN 12 Addition Addition Addition
OTICE OF TE AGENT. I 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 NAME NAME	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO NO DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.1 4.1 4.1	AND Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	RS IN 12 Addition Addition Addition
Office of reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NCAND DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 3.4 4.1 4.1 4.1 4.1 5.5 5.5	AND Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
OTICE OF TE AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO NO DIRECTORS DELETE	TTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 3.4 4.1 4.1 4.1 4.1 5.5 5.5 5.5	AND Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition
OTICE OF TE AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO NO DIRECTORS DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.1 4.1 4.1 4.1 5.5 5.5	ACTOR STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE P. NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 5 STREET ADDRESS 6 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 8 STREET ADDRESS 8 STREET ADDRESS 8 STREET ADDRESS 9 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
OTICE OF TE AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.4 4.5 5.5 5.5 5.5	AND Agent signature requii TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI Change Change	RS IN 12 Addition Addition Addition Addition
OTICE OF TE AGENT. I and SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO NO DIRECTORS DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.4 4.5 5.5 5.6 6	AND Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition Addition
OTICE OT TE AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.4 4.5 5.5 5.6 6 6	ACTOR STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE P. NAME 8 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 8 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
OTICE OF TE ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KYRIAKIS, ALEXANDER 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL ST KYRIAKIS, HELEN A. 849 BERKLEY CT. PALM HARBOR FL	pations of, Section 607.0505, Figert and title if applicable. (NC NND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	TE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.5 5.5 5.6 6 6 6	ACTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE NAME 3 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 5 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	D DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition

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.

SIGNATURE: _