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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

D	OCL	<b>JMENT</b>	#	F34	671

CONRAD OPTICAL, INC.		
Principal Place of Business Mailing Address	Miffl: miåri mrætr grårr de	PLI BIBII (BBI
1970 HILLVIEW ST.         1970 HILLVIEW ST.           SARASOTA FL 34239         SARASOTA FL 34239	TH S SPACE	
3. Date Incorporated or Qualifed		
05/13/1981		
2. Principal Place of Business	Apr	lied For
21 26 59-2095712	+-::	Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 A	l l
22 City & State City & State 6. Election Campaign Financing	\$5.00	Vav Be
23 Trust Fund Contribution	Added to	-
Zip Country Zip Country 8. This corporation owes the current year	ar Intangible	
24 25 29 30 Person al Property Tax.		[]No _
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ereil Agent	
81 Name		
CONRAD, EARLES  82 Street Ad iress (P.O. Box Number is Not Acceptable)		
597 PINE RANCH EAST ROAD  82 Street Address (P.O. Box Number is Not Acceptable)		
OSPREY FL 34229 83		
	or Zin C	
84 City	FI_ 85 Zip C	
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	se of changing its appointment as reg	registered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent in distinct flapplicable. (NOTE Registered Agent signature required when reinstating)  DATE OF TO DEFINE TO	se of changing its app sintment as rec	registered ji stered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colloparation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating)  DATE:  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER	se of changing its sappointment as reg	registered gistered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colloparation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  DP	se of changing its app sintment as rec	registered ji stered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colloparation submits this statement for the purpos 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 agent. I am famillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  DP  CONRAD, EARLES  1.1 TITLE  1.2 NAME	se of changing its sappointment as reg	registered gistered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating)  DATE:  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  DP  CONRAD, EARLES  1.2 NAME  STREET ADDRESS  597 PINE RANCH EAST RD.	se of changing its sappointment as reg	registered gistered
11. Pursuant to the provisions of Se :tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit: this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent; ind title if applicable. (NOTE Registered Agent signature required when reinstating)  DAY  12.	se of changing its appointment as rec	registered ji stered  RS IN 12
11. Pursuant to the provisions of Se :tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit: this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  OP  OP  DELETE  1.1 TITLE  CONRAD, EARLES  STREET ADDRESS  GITY-ST-ZIP  OSPREY FL  DELETE  1.4 CITY-ST-ZIP  TITLE  S  DELETE  1.2 TITLE  S  DELETE  1.3 TITLE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  S  DELETE  2.1 TITLE  2.1 TITLE  S  DELETE  2.1 TITLE  2.1 TITLE  2.1 TITLE  2.1 TITLE  2.2 TITLE  2.3 TITLE  2.4 TITLE  2.5 TITLE  2.5 TITLE  3.4 City  ADDITIC NS/CHANGES TO OFFICER  1.5 NS/CHANGES TO OFFICER  1.6 CITY-ST-ZIP  DELETE  2.1 TITLE  2.1 TITLE  3.5 DELETE  2.1 TITLE  2.1 TITLE  2.1 TITLE  2.1 TITLE	se of changing its sappointment as reg	registered gistered
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIE  SIGNATURIE  SIGNATURIE  SIGNATURIE  SIGNATURIE  OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  NAME  CONRAD, EARLES  STREET ADDRESS  CITY-ST-ZIP  OSPREY FL  ITILE  S  OSPREY FL  DELETE  1.4 CITY-ST-ZIP  OSPREY FL  OSPREY FL  OCONRAD, VERLA  2.2 NAME  2.2 NAME	se of changing its appointment as rec	registered ji stered  RS IN 12
11. Pursuant to the provisions of Se :tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent ind title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  DP  CONRAD, EARLES  STREET ADDRESS  OSPREY FL  1.4 CITY-ST-ZIP  DELETE  1.1 TITLE  S OSPREY FL  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  CONRAD, VERLA  4436 WILKINSON ROAD  2.3 STREET ADDRESS  CITY ASSOCIATION  2.3 STREET ADDRESS	se of changing its appointment as rec	registered jistered  RS IN 12
11. Pursuant to the provisions of Seltions 607.0502 and 607.1508, Florida Statutes, the above-named colloporation submits this statement for the purpos 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE: OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  DP  CONRAD, EARLES  STREET ADDRESS  GITY-ST-ZIP  OSPREY FL  1.4 CITY-ST-ZIP  TITLE  S  CONRAD, VERLA  STREET ADDRESS  GITY-ST-ZIP  SARASOTA FL  2.4 CITY-ST-ZIP  CITY-ST-ZIP  SARASOTA FL  2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP  CITY-ST-ZIP  SARASOTA FL  2.4 CITY-ST-ZIP  2.5 CITY-ST-ZIP	se of changing its appointment as rec	registered jistered  RS IN 12
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIE  Signature, typed or printed name of registered agent ind title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE: OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICERS  TITLE  DP  CONRAD, EARLES  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OSPREY FL  DELETE  DELETE  14. CITY-ST-ZIP  TITLE  CONRAD, VERLA  STREET ADDRESS  CITY-ST-ZIP  SARASOTA FL  DELETE  DELETE  3. TITLE  DELETE  3. TITLE  DELETE  3. TITLE  DELETE  3. TITLE	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent ind title if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  TITLE  DP  CONRAD, EARLES  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  OSPREY FL  STREET ADDRESS  CONRAD, VERLA  STREET ADDRESS  CITY-ST-ZIP  TITLE  SCONRAD, VERLA  4436 WILKINSON ROAD  SARASOTA FL  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 NADDITIC NS/CHANGES TO OFFICER  4436 WILKINSON ROAD  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  AMME  DELETE  3.1 TITLE  NAME	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Se tions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE: OPFICERS AND DIRECTORS  TITLE  DP  OSPREV FL  1.1 TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  OSPREY FL  OSPREY	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Se itions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIE  Signature, typed or printed name of registered agent: Indition for the purpose of the statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER  TITLE  CONRAD, EARLES  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  SAMAE  CONRAD, VERLA  4436 WILKINSON ROAD  SARASOTA FL  DELETE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  SARASOTA FL  DELETE  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  SARASOTA FL  DELETE  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  SARASOTA FL  DELETE  3.1 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  3.4 CITY-ST-ZIP	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named colliporation submits this statement for the purpose 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 agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURIE  SIGNATURIE  SIgnature, typed or printed name of registered agent, and title if applicable.  NOTE: Registered Agent signature required when reinstating.  DATA ADDITIONS/CHANGES TO OFFICER.  TITLE  DP  CONRAD, EARLES  597 PINE RANCH EAST RD.  0SPREY FL  1.2 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  597 PINE RANCH EAST RD.  0SPREY FL  1.4 CITY-ST-ZIP  TITLE  SARASOTA FL  DELETE  1.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  1.1 TITLE  1.2 NAME  4.3 CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.1 TITLE  1.1 TITLE  1.2 NAME  4.3 CITY-ST-ZIP  TITLE  1.3 TITLE  3.4 CITY-ST-ZIP  TITLE  4.1 TITLE  4.1 TITLE	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Se :tions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose 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 agent, am familiar with, and accept the obligations of, Section 607.0505, Ficrida Statutes.  SIGNATURIE    Signature, typed or printed name of registered agent ind tatle if applicable.   (NOTE Registered Agent algoriture required when reinstating)   DATE	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Se atlons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURIE  Signature, typed or printed name of registered agent ind title if applicable.  OPFICERS AND DIRECTORS  13. ADDITIC NS/CHANGES TO OFFICER TITLE  DP	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Se tilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, and tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent in diable of applicable.	se of changing its sapp sintment as rec	RS IN 12 Addition
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the alagent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  DP  OFFICERS AND DIRECTORS  TITLE  DP  CONRAD, EARLES  STREET ADDRESS  597 PINE RANCH EAST RD.  OSPREY FL  TITLE  S  ODELETE  11. TITLE  S  OSPREY FL  TITLE  S  ODELETE  21. TITLE  SARASOTA FL  DELETE  22. NAME  22. NAME  23. STREET ADDRESS  CITY-ST-ZP  SARASOTA FL  DELETE  33. ADDITIC NS/CHANGES TO OFFICER  11. TITLE  S  OSPREY FL  11. TITLE  S  OSPREY FL  12. NAME  13. ADDITIC NS/CHANGES TO OFFICER  11. TITLE  12. NAME  14. CITY-ST-ZP  14. CITY-ST-ZP  TITLE  SARASOTA FL  DELETE  33. TITLE  33. STREET ADDRESS  14. CITY-ST-ZP  TITLE  A3. STREET ADDRESS  14. CITY-ST-ZP  33. STREET ADDRESS  33. STREET ADDRESS  33. STREET ADDRESS  33. STREET ADDRESS  34. CITY-ST-ZP  TITLE  DELETE  34. TITLE  A4. STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  34. TITLE  A5. STREET ADDRESS  A4. CITY-ST-ZP  TITLE  DELETE  34. TITLE  A5. STREET ADDRESS  A4. CITY-ST-ZP  TITLE  DELETE  34. TITLE  A5. STREET ADDRESS  A4. CITY-ST-ZP  TITLE  DELETE  35. TITLE  A5. STREET ADDRESS  A4. CITY-ST-ZP  TITLE  DELETE  55. TI	Se of changing its is appointment as reg	RS IN 12 Addition Addition
11. Fursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named coi poration submits this statement for the purpos office or registered agent, or bot 1, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the alagent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OPERATE OPP DELETE 1.1 TITLE  OP DELETE 1.1 TITLE  CONRAD, EARLES  STREET ADDRESS  SOPPEY FL  STREET ADDRESS  OSPREY FL  OSPREY FL  ODELETE 2.1 TITLE  NAME  CONRAD, VERLA  4436 WILKINSON ROAD  SARASOTA FL  DELETE 3.1 TITLE  NAME  SIRGET ADDRESS  CITY-ST-ZIP  NAME  SIRGET ADDRESS  SARASOTA FL  DELETE 3.1 TITLE  NAME  SIRGET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIRGET ADDRESS  CITY-ST-ZIP  TITLE  NAME  SIRGET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  NAME  SIRGET ADDRESS  CITY-ST-ZIP  TITLE  ASTREET ADDRESS	Se of changing its is appointment as reg	RS IN 12 Addition Addition
11. Pursuant to the provisions of Se tilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 eagent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:    The companies of the provisions of Se tilons 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   The companies of the purpose agent, I am familiar with, and accept the obligations of the purpose agent ag	Se of changing its is appointment as reg	RS IN 12 Addition Addition
11. Pursuant to the provisions of Se :tlons 607.0502 and 607.1508, Florida Statutes, the above-named colliporation submits this statement for the purpor 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	Se of changing its is appointment as reg	RS IN 12 Addition Addition
11. Pursuant to the provisions of Se :tions 607.0502 and 607.1508, Florida Statutes, the above-named colliporation submits this statement for the purposition 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:    Signature, typed or printed num or of registered agent in distin if applicable.	se of changing its important as reg	RS IN 12 Addition Addition
11. Pursuant to the provisions of Se :tions 607,0502 and 607,1508, Florida Statutes, the corporation submit: this statement for the purpor 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 agent, a marrial amiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE:    Signature, typed or printed name or registered agent and title if applicable.	se of changing its important as reg	RS IN 12 Addition Addition

CITY-ST-ZIP 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 indicate i 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: