ORLANDO FL	ANNL	PROFIT PORATION JAL REPORT 1996			IDA DEPARTME Sandra B. Mo Secretary of ISION OF CORF	ortham State			
Phriocoal Flouries Mailing Address Cy Michael, RYAN 21 North Edua Drive Childhood FL 2001-2009 Childhood FL 2001-2009 Childhood FL 2001-2009 Childhood FL 2001-2009 Sale Address	 Corporation 	n Name			(5)				
Applied Fig. Applied Fig.	SIAN	IDAKU MANUFA	CTURING CO	WPANT					
22. Principal Place of Business 23. Data Incorposated of Custled 33. Data Incorposated of Custled 34. FERNANCE 35. Data Incorposated of Custled 35. Data Incorposated of Custled 36. Data of Last Report 37. Applied For 38. Suits, April 4, etc. 38. Suits, April 4, etc. 39. Suits, April 4, etc. 31. Suits, April 4, etc. 32. Suits, April 4, etc. 33. Data Incorposated of Custled 36. Suits Suits 36. Contribute of Suits Decreed 37. Applied For 38. This Replace of Suits Decreed 38. This corporation in a labelity for integrible date of the or frequency 44. Suits Suits 38. Name 38. Name and Address of Currant Registered Agent 38. Name 38.									
2. Principal Place of Electrones	215 NORTI	H EOLA DRIVE		215 NORT	H EOLA DRIVE		3. Date Incorporated or Qualified		
Suito, Apt. 4, etc. Suito, Apt. 4, etc.	Nancinal Ol	and of Punioner		2a Mailing Ad	dross			02/09/	
Total Country 20 20 20 20 20 20 20 2	z. Principal Pi	ace of Business			uress				Not Applicable
City & State Country 20	า ่ำ	#, etc.			#, etc.		5. Certificate of Status Desired	1 1	
20	City & State	2		Crty & Stat	le				
9, Name and Address of Current Registered Agent RYAN, MICHAEL 215 NORTH EQUA DRIVE ORLANDO FL 32801 81 North 82 Street Address (P.O. Box Number is Not Acceptable) 83 North 84 City FL 85 Zep Code 11. Pursuant to the provisions of Sections 607 0507 and 607.1508, Florida Stanutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Stanutes, 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 Stanutes, the above named corporation's board of directors. Thereby accept two appointment as registered agent, in an accept two dispositions of, Section 607,0509, Florida Stanutes SIGNATURE SIGNATURE SIGNATURE DP OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12 12. OFFICERS AND DIRECTORS 13. Intil DP BROWN, RICHARD C 12. Intil DP DRIETE 14. DITTIL DP DRIETE 14. DITTIL DRIETE 14. DITTIL DRIETE 14. DITTIL DRIETE 15. TILLE CHANGES SIREL ADDRESS SIREL ADDRESS ORNANDO FL 14. DITTIL SECRETARY B GSS INSSMMEE PK. RD 23. SIREL ADDRESS OUT-S1-7P ACTA M-BONTE SPRIJAGS, FL 32.714 34. DITTIL ACTA M-BONTE SPRIJAGS, FL 32.714 35. NEREL ADDRESS ACTA M-BONTE SPRIJAGS, FL 32.714 34. DITTIL DELETE 17. TILLE 18. CHANGES OUT-S1-7P DELETE 19. DELETE 19. DELETE 19. TILLE 19. DELETE 19. TILLE 19. DELETE 19. TILLE 19. TILLE 19. DELETE 19. TILLE 19. T		Cour				Country	8. This corporation has liability for	intangible tax under	
RYAN, MICHAEL 215 NORTH EOLA DRIVE ORLANDO FL 32801 82 Street Address (P.O. Box Number is Not Acceptable) 83	1								
215 NORTH EQUA DRIVE ORLANDO FL 32801 88 80 80 80 80 80 80 80 80	···								
ORLANDO FL 32801 83						B2 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or aboth, in the State of Florida Submit agent of original agent or aboth, in the State of Florida Submit agent of original agent or aboth in the State of Florida Submit agent agent of original agent or aboth, in the State of Florida Submit agent agent of original agent original agent agent of original agent agent of original agent o	215 N	ORTH FOLA DRIVE				1 1			
11. Present to the provisions of Sections 607 (502) and 607 (502, 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 Brinds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am accept the obligations of, Section 607 (506), Florida Statutes. SIGNATURE						83			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP	ORLA	NDO FL 32801				84 City		FL []	,
ORLANDO FL	ORLA	NDO FL 32801 to the provisions of Se red agent, or both, in th, and accept the obli	ctions 607.0502 and the State of Florida. I gations of, Section I	Such change wa 607.0505, Florid	as authorized by la Statutes.	84 Orty e above-named corporation's box	ard of directors. I hereby accept the app	rpose of changing its pointment as register	s registered office ed agent. I am
ORLANDO FL	ORLAI 11. Pursuant or register familiar wis SIGNATURE	to the provisions of Se red agent, or both, in t th, and accept the obl	ctions 607.0502 and ne State of Florida. gations of, Section of ne of registered agent and	Such change wa 607.0505, Floric litle if applicable IRECTORS	as authorized by la Statutes. (NOTE: Reg	84 City a above named corporation's boundaries requirement agent a	and of directors. I hereby accept the approved when reinstating!	rpose of changing its pointment as register DATE	s registered office ed agent. I am
THEE BRAMLETT, GARY B 6381 KISSIMMEE PK. RD ST.CLOUD FL SECRETARY THLE SECRETARY THL	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12.	to the provisions of Se red agent, or both, in th, and accept the obl	ctions 607.0502 and ne State of Florida. gations of, Section one of registered agent and OFFICERS AND D	Such change wa 607.0505, Floric litle if applicable IRECTORS	as authorized by la Statutes. (NOTE: Reg	84 City a above named corporation's box stered Agent signature recent 13. 1.1 TILE	and of directors. I hereby accept the approved when reinstating!	rpose of changing its pointment as register DATE	s registered office ed agent. I am
STREEL ADDRESS CITY-ST-ZIP ST.CLOUD FL 23 STREET ADDRESS CITY-ST-ZIP TITLE SECRETARY THE SECRETARY THE SAM SEBASTIAN PARO SIREEL ADDRESS CITY-ST-ZIP ALYA MONTE SPRINGS, FL 32 71 Y DELETE 4. TITLE NAME NAME SIREEL ADDRESS CITY-ST-ZIP NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREEL ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS STR	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of Se ed agent, or both, in th, and accept the obling signature, typed or printed na DP BROWN, RICI 2424 CROSS	ctions 607.0502 and ne State of Florida. gations of, Section one of registered agent and OFFICERS AND D	Such change wa 607.0505, Floric litle if applicable IRECTORS	as authorized by la Statutes. (NOTE: Reg	84 City a above named corporation's boundaries recommend 13. 1 TITLE 12 NAME 13 STREET ADDRESS	and of directors. I hereby accept the approved when reinstating!	rpose of changing its pointment as register DATE	s registered office ed agent. I am FORS IN 12 E Addition
DELETE DELETE STITLE Change Addition	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-7IP	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in the distribution of the provisions of Se ed agent, or both and accept the oblining the provisions of Sec	ctions 607,0502 and ne State of Florida. gations of, Section in our registered agent and OFFICERS AND D HARD C LAKE RD.	Such change wa 607.0505, Florid Ide if applicable: IRECTORS	as authorized by dia Statutes. [NOTE: Reg	84 City a above named corporation's boundaries recommend 13. 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	and of directors. I hereby accept the approved when reinstating!	PL inpose of changing its vointment as registers DATE DATE Chang	s registered office ed agent. I am FORS IN 12 Company of the com
STREET ADDRESS	ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	to the provisions of Se ed agent, or both, in th, and accept the oblining the BROWN, RICI 2424 CROSS ORLANDO FL VP BRAMLETT, G 6381 KISSIMI	ctions 607,0502 and the State of Florida. Igations of, Section in orregistered agent and OFFICERS AND D. HARD C LAKE RD.	Such change wa 607.0505, Florid Ide if applicable: IRECTORS	as authorized by dia Statutes. [NOTE: Reg	84 City a above named corporation's both corporation's both 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	and of directors. I hereby accept the approved when reinstating!	PL inpose of changing its vointment as registers DATE DATE Chang	s registered office ed agent. I am FORS IN 12 Comparison of the
CITY-SI-ZIP	ORLAI 11. Pursuant or register familiar with signature 12. THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in the th, and accept the oblining the second or printed no DP BROWN, RICI 2424 CROSS ORLANDO FL VP BRAMLETT, G 6381 KISSIMI ST.CLOUD FL SECRETARY	ctions 607.0502 and the State of Florida. Spations of, Section of the of registered agent and OFFICERS AND D. HARD C LAKE RD. MARY B MEE PK. RD	Such change wa 607.0505, Florid RIGHT applicable RECTORS	as authorized by la Statutes. PNOTE: Reg PELETE	84 City a above named corporation's bothe corporation in the corporation of the corporation in th	and of directors. I hereby accept the approved when reinstating!	PL	s registered office ed agent. I am FORS IN 12 e
NAME	ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Se ed agent, or both, in th, and accept the oblining and accept the provision and accept the oblining accept the provision acceptance to the provision acceptance the provision acceptance to the provi	ctions 607.0502 and the State of Florida . In gations of , Section of the state of Florida . In correction of the state of Florida . OFFICERS AND D. IARD C LAKE RD.	Such change was 607.0505, Floric like if applicable. RECTORS C C C C C	as authorized by la Statutes. PNOTE: Reg PELETE	84 City a above named corporation's both corporation's both and the corporation and the co	and of directors. I hereby accept the approved when reinstating!	PL	s registered office ed agent. I am FORS IN 12 e
Addition	ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric little if applicable. RECTORS	as authorized by la Statutes. PNOTE: Reg PELETE	84 City a above named corporation's both corporation's both 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	ard of directors. I hereby accept the appress when reinstating! ADDITIONS/CHANGES TO OFF	PL	registered office ed agent. I am FORS IN 12 e
A 4 CITY-SI-ZIP	ORLAI 11. Pursuant or register familiar with 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	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric little if applicable. RECTORS	as authorized by la Statutes. PNOTE: Reg PELETE	84 City a above named corporation's boothe corporation's corpora	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	PL	registered office ed agent. I am FORS IN 12 e
NAME	ORLAI 11. Pursuant or register familiar with 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	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric little if applicable. RECTORS	as authorized by la Statutes. PNOTE: Reg PELETE	84 City 3 above named corporation's box 43. 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 4.1 TITLE	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	PL	registered office ed agent. I am FORS IN 12 e
STREET ADDRESS	ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric like if applicable. RECTORS	as authorized by la Statutes. PNOTE: Fig. PELETE DELETE	84 City 3 above named corporation's box stered Agent signature recent 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 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT Chang	s registered office ed agent. I am FORS IN 12 E
TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME NAME <td>ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE</td> <td>to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See</td> <td>ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD</td> <td>Such change was 607.0505, Floric like if applicable. RECTORS</td> <td>as authorized by la Statutes. PNOTE: Fig. PELETE DELETE</td> <td>84 City 3 above named corporation's box stered Agent signature ricor 13. 1.1 Title 12 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 5.1 Title</td> <td>and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF</td> <td>DATE FICERS AND DIRECT Chang</td> <td>s registered office ed agent. I am FORS IN 12 E</td>	ORLAI 11. Pursuant or register familiar with signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric like if applicable. RECTORS	as authorized by la Statutes. PNOTE: Fig. PELETE DELETE	84 City 3 above named corporation's box stered Agent signature ricor 13. 1.1 Title 12 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 5.1 Title	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT Chang	s registered office ed agent. I am FORS IN 12 E
NAME 62 NAME 51REEI ADDRESS 64 CITY-ST-7IP 64 CITY-ST-7IP	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric like if applicable. RECTORS	as authorized by la Statutes. PNOTE: Fig. PELETE DELETE	84 City 3 above named corporation's box 13. 1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TITLE 52 NAME	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECT Chang	s registered office ed agent. I am FORS IN 12 E
64 CITY - ST - 7IP	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric RECTORS C	AS AUTHORIZED by IAS STATUTES FIND FILETE DELETE DELETE DELETE DELETE	84 City 3 above named corporation's box 13. 1 Title 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 TITLE 53 STREET ADDRESS 54 CITY-ST-ZIP	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	PL	s registered office ed agent. I am FORS IN 12 E
CDY-S1-7P	ORLAI 11. Pursuant or register familiar wi SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric RECTORS C	AS AUTHORIZED by IAS STATUTES FIND FILETE DELETE DELETE DELETE DELETE	84 City above-named corporation's box stered Agent signature ricker 13. 1.1 Title 12 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 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	PL	s registered office ed agent. I am FORS IN 12 E
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the made under	ORLAI 11. Pursuant or register familiar with signature 12. The street address city-st-zip title name street address street address city-st-zip title name street address city-st-zip title street address s	to the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Se ed agent, or both, in th, and accept the oblining the provisions of Secretary F.E. Gille 417 SAA See ed agent, or both services of Secretary F.E. Gille 417 SAA See	ctions 607.0502 and the State of Florida. Spations of, Section of OFFICERS AND DOLLARD CLAKE RD. ARY B MEE PK. RD	Such change was 607.0505, Floric RECTORS C	AS AUTHORIZED by IAS STATUTES FIND FILETE DELETE DELETE DELETE DELETE	B4 City Babove-named corporation's boothe corporat	and of directors. Thereby accept the appress when reinstating? ADDITIONS/CHANGES TO OFF	PL	s registered office ed agent. I am FORS IN 12 E