PROFIT CORPORATION ANNUAL REPORT 1999		R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED Jan 22, 1999 8:00am Secretary of State			
DOCUMENT # F611 1. Corporation Name TASTE OF CHICAGO, INC	70						
Principal Place of Business	Maili	ng Address			Dâil 410 ăt nin ti Pinte Binth B	1811 91811 (891	
6 E GLENN TUCKER 23 N. COLLIER BLVD. MARCO ISLAND FL 33937-2742		I. Collier 19 Island Fl. 33937-274 19	2	3. Date Incorporated or Qualifed	IN THIS SPACE		
2. Principal Place of Business	2a, N	lailing Address	_ _	01/06/1982 4. FEI Number	Ap	plied For.	
	26			59-2151077	ف بر	Applicable	
Suite, Apt. #, etc.		uite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re		
2 City & State	27	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip Country	z	ip	Country	8. This corporation owes the curren	it year Intangible □ Yes		
4 25 9. Name and Address of	29 Current Registe	30 red Agent	<u> </u>	Personal Property Tax. 10. Name and Address of New Re			
TUCKER, E GLENN 14 950 N. COLLIER BLVD. SUITE 204			81 Name 82 Street Add 83	Iress (P.O. Box Number is Not Acceptab	le)		
MARCO ISLAND FL 33937			84 City	<u>v 1.55 to 162 to 155 to 155 to 155</u>	85 Zip (Códe	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the			, the above-named cor	poration submits this statement for the p tion's board of directors. I hereby accept	FL urpose of changing its the appointment as re-	registered	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered	e State of Florida. e obligations of, S stered agent and title if a	pplicable. (NOTE: Re	the above-named cor norized by the corporat a Statutes.	red when reinstating)	The appointment as re	registered gistered	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE SIGNATURE 12. OFFICE	e obligations of, S	pplicable. (NOTE: Re	, the above-named cor norized by the corporat a Statutes.		The appointment as re	registered gistered	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE T. OFFICE T. OFFICE TITLE T. OFFICE Struct Address Struct Address Struct Address	a State of Florida. e obligations of, S stared agent and title if a ERS AND DIREC	pplicable. (NOTE: Re TORS	the above-named cor norized by the corporat a Statutes. agistered Agent signature requir 13.	red when reinstating)	FL urpose of changing its the appointment as re DATE CERS AND DIRECTO	registered gistered RS IN 12	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the 31. agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent, and accept the 12. OFFICE T GREBENOR, MARILYN 180 SEAVIEW CT #702 MARCO ISLD, FL 00000	a State of Florida. e obligations of, S stared agent and title if a ERS AND DIREC	Contentinge was addi ection 607.0505, Florid pplicable (NOTE: Re TORS	the above-named cor orized by the corporat a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating)	FL urpose of changing its the appointment as re DATE CERS AND DIRECTO	registered gistered	
MARCO ISLAND FL 33937 111. Pursuant to the provisions of Sections of Office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I am familiar with, and accept the signature. typed or printed name of registered agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of registered agent. I age	a State of Florida. e obligations of S stored agent and title if a ERS AND DIREC	pplicable. (NOTE: Re TORS	the above-named cor borized by the corporat a Statutes. assistered Agent signature requir 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	red when reinstating)	PL urpose of changing its the appointment as re-	PRS IN 12	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of Office or Tregistered agent, or both, in the Marcin agent. I am familiar with, and accept the SIGNATURE Signature. typed or printed name of regis Signature. typed or printed name of regis 12. OFFICE TITLE T GREBENOR, MARILYN 180 SEAVIEW CT #702 MARCO ISLD, FL 00000 TITLE V GREBENOR, JOSEPH 180 SEAVIEW CT #702 MARCO ISLD, FL 00000 TITLE V GREBENOR, JOSEPH 180 SEAVIEW CT #702 MARCO ISLD, FL 00000	a State of Florida. e obligations of S stored agent and title if a ERS AND DIREC	Contentinge was addi ection 607.0505, Florid pplicable (NOTE: Re TORS	the above-named cor borized by the corporat a Statutes. asistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstating)	PL urpose of changing its the appointment as re-	registered gistered DRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or Tregistered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE OFFICE TITLE V MARCO ISLD, FL 00000 TITLE NAME THOMA, JOHN STREET ADDRESS OFFICE THOMA, JOHN	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	DELETE	the above-named cor borized by the corporat a Statutes. assistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change	registered gistered DRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, or both, in the agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE V ARCO ISLD, FL 000000 THE V NAME Signature, typed or printed name of registered agent, o	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	DELETE	the above-named cor borized by the corporat a Statutes. assistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change	registered gistered DRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or Tregistered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE TILE TREET ADORESS GREBENOR, MARILYN 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 THLE V REBENOR, JOSEPH 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 THOMA, JOHN Street ADDRESS Signature, type of the system THOMA, JOHN Street ADDRESS MARCO ISLD, FL 000000 THOMA, JOHN Street ADDRESS Street ADDRESS	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	DELETE	the above-named cor porized by the corporat a Statutes. sistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change	registered gistered PRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE TILE TITLE VAME Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE TILE TILE VAME SEREBENOR, MARILYN 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 TITLE V NAME SEENOR, JOSEPH 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 TITLE NAME THOMA, JOHN STREET ADDRESS SIGNACO ISLD, FL 000000 TITLE NAME THOMA, PAT OPTICE	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	DELETE	the above-named cor horized by the corporat a Statutes. spistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change	registered gistered PRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE TILE TITLE NAME Signature, typed or printed name of registered agent, i am familiar with, and accept the SIGNATURE TITLE TITLE V MARCO ISLD, FL 000000 TITLE V NAME STREET ADDRESS MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS SG 1 COLLIER CT THOMA, PAT SG1 COLLIER CT MARCO ISLD, FL 00000 TITLE Signature, typed or printed name of registered agent, and accept the signature, typed or printed name of registered agent, and accept the site signature, typed or printed name of registered agent,	a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	DELETE	the above-named cornorized by the corporat a Statutes. spistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change	registered gistered PRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, I am familiar with, and accept the SIGNATURE TILE TITLE VAME STREET ADDRESS CITY-ST-ZIP MARCO ISLD, FL 00000 TITLE V MARCO ISLD, FL 000000 TITLE NAME SIGNARCO ISLD, FL 000000 TITLE Signeture, typed or printed name of registered agent, or both, in the street address SEREDENOR, MARILYN 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 TITLE NAME THOMA, JOHN SIGNARCO ISLD, FL 000000 TITLE NAME THOMA, PAT S	a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	DELETE	the above-named cornorized by the corporat a Statutes. spistered Agent signature requir 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	red when reinstating)	FL urpose of changing its the appointment as re- DATE CERS AND DIRECTO Change Change	registered gistered IRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered to printed name of the printed name of registered to prised name of registered to printed name of registered t	a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	DELETE	the above-named cornorized by the corporat a Statutes. spistered Agent signature requinance 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	red when reinstating)	FL urpose of changing its the appointment as re- DATE CERS AND DIRECTO Change Change	registered gistered IRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of Office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered address Signature, typed or printed name of registered address 12. OFFICE TITLE VAME STREET ADDRESS CITY-ST-ZIP THE V CITY-ST-ZIP MARCO ISLD, FL 00000 TITLE STREET ADDRESS S61 COLLIER CT MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS S61 COLLIER CT MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS S61 COLLIER CT MARCO ISLD, FL 000000 TITLE NAME STREET ADDRESS STREET ADDRESS <td cols<="" td=""><td>a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC</td><td>Such Change was adult ection 607.0505, Florid pplicable. (NOTE: Ri TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE</td><td>the above-named cor horized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Strate Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 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</td><td>red when reinstating)</td><td>FL urpose of changing its the appointment as re- DATE CERS AND DIRECTO Change Change</td><td>registered gistered IRS IN 12 Addition</td></td>	<td>a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC</td> <td>Such Change was adult ection 607.0505, Florid pplicable. (NOTE: Ri TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE</td> <td>the above-named cor horized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Strate Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 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</td> <td>red when reinstating)</td> <td>FL urpose of changing its the appointment as re- DATE CERS AND DIRECTO Change Change</td> <td>registered gistered IRS IN 12 Addition</td>	a State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such Change was adult ection 607.0505, Florid pplicable. (NOTE: Ri TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	the above-named cor horized by the corporat a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Statutes. a Strate Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 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	red when reinstating)	FL urpose of changing its the appointment as re- DATE CERS AND DIRECTO Change Change	registered gistered IRS IN 12 Addition
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of Office or Tregistered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, or both, in the agent, i am familiar with, and accept the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE Signature, typed or printed name of registered agent, or both, in the SIGNATURE V AGREBENOR, JOSEPH 180 SEAVIEW CT #702 MARCO ISLD, FL 000000 THOMA, PAT NAME <td>a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC</td> <td>DELETE</td> <td>the above-named cornorized by the corporat a Statutes. egistered Agent signature requir 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 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</td> <td>red when reinstating)</td> <td>FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change Change Change</td> <td>registered gistered IRS IN 12 Addition</td>	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	DELETE	the above-named cornorized by the corporat a Statutes. egistered Agent signature requir 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 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	red when reinstating)	FL urpose of changing its the appointment as re- OATE CERS AND DIRECTO Change Change Change	registered gistered IRS IN 12 Addition	
MARCO ISLAND FL 33937 11. Pursuant to the provisions of Sections of Office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE Signature. typed or printed name of register address Signature. typed or printed name of register address 12. OFFICE TITLE NAME STREET ADDRESS CITY-ST-ZIP MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS STEET ADDRESS SG1 COLLIER CT MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLD, FL 00000 TITLE NAME STREET ADDRESS ST-ZIP <td colspan<="" td=""><td>a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC</td><td>Such Change was addu ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE</td><td>the above-named corporated by the corporate a Statutes. spistered Agent signature required by the corporated by the corporated</td><td>red when reinstating)</td><td>FL</td><td>registered gistered IRS IN 12 Addition</td></td>	<td>a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC</td> <td>Such Change was addu ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE</td> <td>the above-named corporated by the corporate a Statutes. spistered Agent signature required by the corporated by the corporated</td> <td>red when reinstating)</td> <td>FL</td> <td>registered gistered IRS IN 12 Addition</td>	a State of Florida. e obligations of, S stored agent and title if a ERS AND DIREC	Such Change was addu ection 607.0505, Florid pplicable. (NOTE: R TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	the above-named corporated by the corporate a Statutes. spistered Agent signature required by the corporated	red when reinstating)	FL	registered gistered IRS IN 12 Addition

5

2