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

**PROFIT** CORPORATION ANNUAL REPORT

1997

LINSEY-CLAIRE, INC.



SIGNATURE: MAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92733

(7)

## **FILED** Apr 07 1997 8:00am Secretary of State

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| 4618 W. IRLO BRONSON \$C   |  |  |  |                             |           |               |   |                  |               |             |           |
|--|--|--|--|-----------------------------|-----------|---------------|---|------------------|---------------|-------------|-----------|
| Signature F1, strive  Signature F1, strive  Signature F1, strive  Signature  2. Principal Prince of Fatirness  2. A Malting Address  Signature        | Principal Pla                          | ice of Business  | Mailing Address  |                             |           |               | - I TRANSON WAS INSIDER WAS AND A   | AND DIVIDENT     | IEG BIBH DIDI |             | j         |
| Signature Ft. 34746 US  Signature Ft. 34746 Si       | 4618 W. IRLO BRONSON                   |  | 4618 W. IRLO BRONSON   | 4618 W. IRLO BRONSON        |           |               |   |                  |               |             |           |
| US   Substitution   S       |  |  |  |                             |           |               | •   |                  |               |             |           |
| 2. Principal Piece of Dusinoss   2a Making Address   3. Nei Number   Appliant For Piece of Dusinoss   2a Making Address   4. Fe Number   Appliant For Piece of Dusinoss   Appliant For Piece of Dusino       |  |  |  |                             |           |               | 3. Data Incorporated or Qualific  | .d   9 € Γι/     | to of Loot    | Donort      |           |
| 22 Sulfo, Api 4, etc.  23 Sulfo, Api 4, etc.  24 Sulfo, Api 4, etc.  25 Sulfo, Api 4, etc.  26 Sulfo, Api 4, etc.  27 City A Stato  28 Country  29 Country  29 Country  29 Sulfo, Api 4, etc.  29 Sulfo, Api 4, etc.  20 Country  29 Sulfo, Api 4, etc.  29 Sulfo, Api 4, etc.  29 Sulfo, Api 4, etc.  20 Country  29 Sulfo, Api 4, etc.  20 Country  29 Sulfo, Api 4, etc.  30 Finds Statute  30 Find       |  |  |  |                             |           |               | 07/30/1982  |                  |               | тероп       |           |
| Suite. Apt # . etc.    Suite. Apt # . etc.         | ·                                      | Place of Business  | <del> </del>   |                             |           |               | I   |                  | <del></del>   | <del></del> |           |
| Coly & State  Co       | ······································ | A Al ala   |  | ·····                       |           | ·             | 59-2204974  |                  |               |             |           |
| 29   29   29   29   30   50   50   50   50   50   50   50  | 22 Suite, 741                          | 1 #, E.G.  |  |                             |           |               | 5. Certificate of Status Desired  |                  | <b>-</b>      |             |           |
| Zip   Country   Zip   Country   Zip   Country   Sign   S         | —-ı ´                                  | ate  | ·  |                             |           |               |   | ,                | \$5.00        | ) May B     | e         |
| 23 29 30 Florids Statutes   Yes   No    Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and N       | 23                                     |  | <del></del>  |                             |           |               | Trust Fund Contribution   |                  | Added         | to Fees     | <u> </u>  |
| TRUETT, MICHAEL W. 4618 WROLD BRONSON MEM HWY SC KISSMMEE FL 34748  18   Street Address (P.O. Box Number is Not Acceptable)  19   Street Address (P.O. Box Number is Not Acceptable)  10   Street Address (P.O. Box Number is Not Acceptable)  11   Pursuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of both or the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the florida State of Florida State of Provisions of Section 67,650, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the purpose of changing is registered agent of the floridation of Section 67,650, Florida Statutes, the purpose of changing is registered agent of the floridation of the purpose of changing is registered agent of the purpose of ch       |  | <u>⊢</u> ¬ ′   | F-7 F7 F7  |                             |           |               |   |                  |               |             |           |
| TRUETT, MICHAEL W. 4818 WROLD BRONSON MEM HWY SC KISSIMMEE FL 34748  88 City FL 85 Zip Code  11. Pursuant to titic provisions of Socians 807,0502 and 607,1508, Florida Statutes, the bove-nemed corporation submite this statement for the purpose of changing its registered effect or cap social signal, or both in the Blab of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered effect or cap social signal or both, in the Blab of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered effect or cap social signal signal or both in which and accept the call galaxies d. accidence for 1605, Fordical Statutes.  SIGNATURI  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TRUETT, MICHAEL W. 4618 W. IRLD BRONSON MEM HWY 1.5 SIRRET ADDRESS  SIRRET ADDRESS  CRIT 51-78  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. TRUETT, MICHAEL W. 4618 W. IRLD BRONSON MEM HWY 1.5 SIRRET ADDRESS  CRIT 51-78  16. DELETE 21 TITLE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TRUETT, MICHAEL W. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        | [24]                                   |  |  | [30]                        |           |               |   |                  |               |             |           |
| 4816 MROLO BRONSON MEM HWY SC KISSIMMEE FL 34748  88  89  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 agend for both; in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and decept the depointment as registered agend. John fine livin Will, and the purpose of changing is registered agend. John fine livin Will and the membranes.  JOHN THE TIME TIME TIME TIME TIME TIME TIME TIM  | TD                                     | · · · · · · · · · · · · · · · · · · ·  | on negletered Agont  | 81                          | Na        | me            | TO. Name and Address Of New   | vahistatan i     | - your        |             |           |
| SC KISSHMEE FL 34746   |  |  | w  |                             |           |               |   |                  |               |             |           |
| ### City ### City ### City ### City ### City #### City #### City ####################################  |  |  | <b>T1</b>  | 82                          | Str       | reet Addre    | ess (P.O. Box Number is Not Accep   | otable)          |               |             |           |
| 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 for the first many in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for frame in any in, and accept the originalisms of, Section 607 8505, Florida Statutes.  SIGNATURI  12.   |  |  |  | 83                          | -         |               |   |                  | -             |             |           |
| 11. Pursuant to the provisions 67 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 to main fair har with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURI  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TRUETT, MICHAEL W 418 W. IRLO BRONSON MEM HWY KISHMEE FL  14. TRUETT, MICHAEL W 418 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  15. TRUETT, PATRICIA A. 4016 W. IRLO BRONSON MEM HWY KISHMEE FL  16. Change Addition AND ALCHIVIST-2IP  16. Change Addition AND ALCHIVST-2IP  16. Change Additio       | 144                                    | JOHNWEET E OTITO   |  |                             |           |               |   |                  |               |             |           |
| office or reg. stered agend 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 agend in art min with, in the min and accept the objection 607/5605, Florida Statutes.  SIGNATURI  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLI  TRUETT, MICHAEL W 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  1.3 TITLE  NAME  1.3 STREET ADDRESS  CITY ST-ZP  TRUETT, PATRICIA A 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  TRUETT, PATRICIA A 4       |  |  |  | 84                          | Cit       | ly            |   | EI               | <b>85</b> Zip | Code        |           |
| office or reg. stered agend 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 agend in art min with, in the min and accept the objection 607/5605, Florida Statutes.  SIGNATURI  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLI  TRUETT, MICHAEL W 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  1.3 TITLE  NAME  1.3 STREET ADDRESS  CITY ST-ZP  TRUETT, PATRICIA A 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  TRUETT, PATRICIA A 4       | 11. Pursuan                            | it to the provisions of Sections 607.0   | 502 and 607.1508. Florida Statute  | s, the above                | e-nai     | med corp      | poration submits this statement for the                                     | ne purpose of    | changing      | its regist  | lered     |
| SIGNATURE    Superior provided name of legs corest agree and time Pagelizands   18.1   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.1   11.1           | office or                              | reg stered agent or both, in the Sta   | te of Florida. Such change was a   | uthorized by                | the       | corporati     | ion's board of directors. I hereby ac                                       | cept the app     | ointment a    | s registe   | red       |
| 12. OF FICHS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  |  |  | igations of, Section 607.0505, Fiol                                      | noa statutes                | j.        |               |   |                  |               |             |           |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE TRUETT, MICHAEL W 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  TRUETT, PATRICIA A. 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  TRUETT, PATRICIA A. 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  TRUETT, PATRICIA A. 4618 W. IRLO BRONSON MEM HWY KISSIMMEE FL  DELETE  3.1 TITLE  3.2 FAMAE  3.3 STREET ADDRESS CITY ST. 2P  THE  ALTIVEST. 2P         | SIGNATURE                              |  | agent and trin if applicable (NOTE                                       | : Registered Age            | nt sio    | natura requir | red when reinstanno)  | DATE             |               |             |           |
| NAME   STREET ADDRESS         | 12.                                    | · · · · · · · · · · · · · · · · · · ·  |  |                             |           |               |   |                  | DIRECTO       | RS IN 12    | <u></u> 2 |
| STREET ADDRESS   A618 W. IRLO BRONSON MEM HWY   1.3 STREET ADDRESS   1.4 CITY-ST-7IP     Change   Addition   A618 W. IRLO BRONSON MEM HWY   A618 W. IRLO          | 711(+                                  | P  | ☐ DELETE   | 1.1 TITLE                   |           |               |   |                  | Change        | Ar          | ddition   |
| Clif* S1-7P  | NAME                                   |  |  | 1.2 NAME                    |           |               |   |                  |               |             |           |
| TRUETT, PATRICIA A  4818 W. IRLO BRONSON MEM HWY KISSIMMEE FL  DELETE  JOELETE  JOEL       | STREET ADDRESS                         | *  | EM HWY   | 1.3 STREET                  | ADDR      | ESS           |   |                  |               |             |           |
| TRUETT, PATRICIA A. 4818 W. IRLO BRONSON MEM HWY KISSIMMEE FL  22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 31 TITLE 33 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 41 TITLE Change Addition NAME SIREFT ADDRESS CITY-ST-ZIP  TITLE DELETE 41 TITLE Change Addition NAME SIREFT ADDRESS CITY-ST-ZIP  TITLE DELETE 41 TITLE Change Addition NAME SIREFT ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME SIREFT ADDRESS CITY-ST-ZIP TITLE STAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CIT       | CITY-ST-ZIP                            | KISSIMMEE FL   |  | 1.4 CITY - S                | T-ZIP     | į             |   |                  |               |             |           |
| SIREFI ADDRESS CITY: ST: ZIP TITLE    DELETE   31 TITLE   Change   Addition   NAME   32 NAME   SIREFI ADDRESS   CITY: ST: ZIP  | TITLE                                  | V  | DELETE   | 2.1 TITLE                   |           |               |   |                  | Change        | ☐ Ac        | ddition   |
| CITY: ST-ZIP  TITLE  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS CITY: ST-ZIP  TITLE  DELETE  4.1 TITLE  Change Addition  NAME  AL CITY: ST-ZIP  TITLE  DELETE  4.1 TITLE  Change Addition  AAME  STREET ADDRESS CITY: ST-ZIP  TITLE  DELETE  4.1 TITLE  Change Addition  AL 2 NAME  STREET ADDRESS CITY: ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  NAME  STREET ADDRESS CITY: ST-ZIP  TITLE  Change Addition  Addition  NAME  STREET ADDRESS CITY: ST-ZIP  TITLE  Change Addition  Addition  NAME  STREET ADDRESS CITY: ST-ZIP  TITLE  Change Addition  Addition  STREET ADDRESS CITY: ST-ZIP  TITLE  STREET ADDRESS CITY: ST-ZIP  Addition  STREET ADDRESS CITY: ST-ZIP  TITLE  STREET ADD       | NAMÉ                                   |  |  | 2.2 NAME                    |           |               |   |                  |               |             |           |
| DELETE   DELETE   STITULE   Change   Addition  | STREET ADORESS                         |  | EM HWY   | 2.3 STREET                  | ADDR      | ESS           |   |                  |               |             |           |
| NAME SIREF1 ADDRESS CITY: S1-ZIP  TITLE DELETE 41 TITLE ADDRESS CITY-S1-ZIP  TITLE ADDRESS CITY-S1-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-S1-ZIP TITLE DELETE 51 TITLE Change Addition Addition NAME 52 NAME 53 STREE1 ADDRESS CITY-S1-ZIP TITLE 53 TREE1 ADDRESS CITY-S1-ZIP TITLE 53 TREE1 ADDRESS CITY-S1-ZIP TITLE 54 CITY-S1-ZIP TITLE 54 CITY-S1-ZIP TITLE 55 NAME 56 NAME 57 NAME 58 NAME 58 STREE1 ADDRESS CITY-S1-ZIP TITLE 51 TITLE 51 TITLE 51 TITLE 53 STREE1 ADDRESS CITY-S1-ZIP TITLE 54 CITY-S1-ZIP TITLE 55 NAME 56 NAME 56 NAME 56 NAME 57 NAME 57 NAME 58 NA       | CHY-SI-ZIF                             | KISSIMMEE FL   |  | 2. 4 CITY - 5               | ST-ZIF    | ·             | 7247  |                  |               |             |           |
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| CITY: \$1-2IP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY: \$1-2IP  TITLE  DELETE  4.4 CITY: \$1-2IP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY: \$1-2IP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY: \$1-2IP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Change Addition  Addition  NAME  5.3 STREET ADDRESS  CITY: \$1-2IP  TITLE  Change Addition  Addition  TITLE  Change Addition  TITLE  TI | NAME                                   |  |  | 3.2 NAME                    |           |               |   |                  |               |             |           |
| THE DELETE 4.1 TITLE Change Addition  NAME  SHEET AFORESS  CHY-ST-ZIP  THE DELETE 5.1 TITLE  STREET ADDRESS  CHY-ST-ZIP  THE DELETE 5.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CHY-ST-ZIP  THE DELETE 5.1 TITLE  Change Addition  FOR ADDRESS  CHY-ST-ZIP  THE DELETE 5.1 TITLE  Change Addition  Change Addition  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE Addition  Addition  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE Addition  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE Addition  STREET ADDRESS  CHY-ST-ZIP  THE CHANGE ADDRESS  CHY-ST-ZIP  THE CHANGE ADDRESS  STREET ADDRESS  STREE       | STREET ADORESS                         | 5  |  | 3.3 STREET                  | ADDR      | ESS           |   |                  |               |             |           |
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| SIREFI ADDRESS CRY-ST-ZIP TITE  DELETE 5.1 TITLE STREET ADDRESS CRY-ST-ZIP  TOTAL NAME STREET ADDRESS CRY-ST-ZIP TOTAL STREET        |  |  | L_J DELETE   |                             |           | 1             |   |                  | ∟ Change      | L_∐ Ac      | adition   |
| CRY-ST-ZIP  THE  DELETE 5.1 TITLE Change Addition  SPREEL ADDRESS CRY-ST-ZIP  THE  DELETE 6.1 TITLE  STREET ADDRESS CRY-ST-ZIP  THE  DELETE 6.1 TITLE  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS CRY-ST-ZIP  THE  STREET ADDRESS CRY-ST-ZIP  1. I do 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 understated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if martie under onth, that   |  |  |  |                             |           | į             |   |                  |               |             |           |
| TITE    DELETE   5.1 TITLE   Change   Addition   |  | 5 }  |  |                             |           | - 1           |   |                  |               |             |           |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  1.1 I do 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 understated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if marie under outburther.  |  |  | Dografi  |                             | T-ZIP     |               |   |                  | Chanas        |             | ddkinn    |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  62 NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information understated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if martie under outburth.   | İ                                      |  | ☐ DETEIE   |                             |           |               |   |                  | Change C      | <u> </u>    | Junio[[   |
| CHY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  STREET ADDRESS  CHY-ST-ZIP  14. I do 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 understated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if marie under outburbat.  |  | . ]  |  |                             | Annn      | rcc           |   |                  |               |             |           |
| DELETE 6.1 TITLE  STREET ADDRESS  CITY-ST ZIP  14. I do 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 information information in the end accurate and that my signature shall have the same legal effect as if made under outburbat.   |  | `  |  |                             |           | 1             |   |                  |               |             |           |
| NAME  STREET ADDRESS  CITY-ST_ZIP  14. I do 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 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 outburbat.  |  |  | DELETE   |                             | ı-ZIP     |               |   |                  | Change        |             | ddition   |
| SIRELI ADDRESS  CITY-S1 ZIP  14. I do 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 undicated 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 certify that  |  |  | FT OCCUPA  |                             |           |               |   |                  | - Annuale     | ~           | -Samon    |
| 6.4 CITY-ST-ZIP  14. I do 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 informatio       |  |  |  |                             | ADDD      | ess           |   |                  |               |             |           |
| 14. I do 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 undicated 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 path; that   |  |  |  |                             |           |               |   |                  |               |             |           |
| 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 path; that  | <b>14.</b> I do her                    | oby certify that the information supp  | ied with this filing does not qualify                                    | v for the exe               | mpti      | on stated     | in Section 119.07(3)(i), Florida Stat                                       | lutes. I further | certify tha   | t the       |           |
| appears in Block 12 or Block 13 if changed, or on an attachment with an address.   | intermat<br>Lam an                     | tion indicated on this annual report o<br>officer or director of the corporation | r supplemental annual report is tri<br>or the receiver or trustee empowe | ue and accu<br>ered to exec | ırata     | and that      | my signature shall have the same le<br>t as required by Chapter 607, Floric | enal effect as   | : if marie u  | nder nati   | h; that   |