

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91079 025 \*\*\*150.00

Mailing Address  
463 TEMPLE HILL ROAD  
NEW WINDSOR NY 12550

<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>DCP</div> <div>HARKNESS, DONALD</div> <div>1205 SW SUNSET TRAIL</div> <div>PALM CITY FL 34990</div>		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Delete	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

STAMPED

3-13-03 (772) 220-0220

29

De-glass 07-09-14

CR2E034 (10/02)