Suite         Solide, Apl. F. etc.           City 4 State         City 4 State         City 4 State         etc.         Factorial control of the state	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>			R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90044 013 ***150.00					
Procedul Place of Business Procedul Place of Place Busines Procedu Place of Place Busines Procedul Place of Place Busines Proc	DOCUN 1. Corporation	MENT # F930	000048	348								
Principal Pales of Business         Mailing Address           98 BURE ST. WINSTON-SALEM NC 27101         SR BURE ST. WINSTON-SALEM NC 27101         DO NOT WRITE IN THIS SPACE           2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Do NOT WRITE IN THIS SPACE           3. Data Incorporated or Coulding         10/27/11/983         Address C         FS OF SSS Address         State Apr. 4. etc.           21         2a         State, Apr. 4. etc.         State, Apr. 4. etc.         Ed         Certificate of State Desired         Trace Two Coulding           21/2         2a         State, Apr. 4. etc.         Ed         Ed/Coulding         State Apr. 4. etc.         State Apr. 4. etc.         Ed/Coulding         State Apr. 4. etc.         State Apr. 4. etc	LONG C	ommunications GR	Roup, Inc.						) A DADELAR HAD INSUR DESKA ARIEN ROSEN A	E HILL & BILL & BILL & BILL		
Bit BLEPE ST. WINSTONSALEM NC 27101       PH BLEPE ST. WINSTONSALEM NC 27101       Dota the tecorporated or Outliked 10/27/1993         2. Principal Place of Business       2a. Busine, Act. #, etc.       2a. 2a. 2a. 2a. 2a. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b. 2b	Principal Place	of Business	Mailin	a Address								
Delive Comparison of Quarties         Delive Comparison of Quarties           2. Principal Place of Business         2a. Mailing Address         4. FEB Number         Applicat Pice           3. Date Accomparison of Quarties         2a         State, Apt. #. etc.         56 Option State         Non-Application           2a         2a         2a         State, Apt. #. etc.         56 Option State         State, Apt. #. etc.         56 Option State         State, Apt. #. etc.           2a         2a         2a         Clip & State         State, Apt. #. etc.         56 Option State         State, Apt. #. etc.	961 BURKE ST.		961 BU	JRKE ST.					!			
2. Principal Place of Business       2a. Mailing Address       4       Interpret Place of Business       1       Applied For         21       2a       3a       4       School Appl. #, etc.       5       Certificate of Status Desired       98.75 Annatomil         21       2a       2a       2a       5       Certificate of Status Desired       98.75 Annatomil         22       2a       2a       2a       2a       5       Certificate of Status Desired       95.000 Key Be         2a       2a       2a       2a       2a       5       Certificate of Status Desired       95.000 Key Be         2a       2a       2a       2a       2a       2a       5       Certificate of Status Desired       95.000 Key Be         2b       2a       2a       2a       2a       2a       5       Certificate of Status Desired       95.000 Key Be         2b       2b       5       Country       2a       10       Name and Address of New Registered Agent       10       Name and Address of New Registered Agent       100.1000000000000000000000000000000000	WINSTON-SALEI		44143 F	UNFORLEM NO 27101				-		IN THIS SPACE	<u> </u>	
21       30/16, Apt. #, etc.       30/16, Apt. #, etc.       50/16, Apt. #, etc.       50									10/27/1993	<del></del>	[ • - •	Ked Fee
Suite         Solide, Apl. F. etc.           City 4 State         City 4 State         City 4 State         etc.         Factorial control of the state			26					4.		-	Not	Applicable
Oty AS state     City AS state     *5.00 May 5e       2a)     Country     Zp     Country     Zp     Country     Restore and Contribution     Added to Fees       2a)     Zs     Country     Restore and Address of Current Registered Agent     Inte corporation owes the current year Intengate     No       2a)     Zs     Personal Property Tax     Wins     Wins     No       2a)     Stread Address of Current Registered Agent     Inte corporation owes the current year Intengate     No       2b)     Personal Property Tax     Wins     No     Stread Address of New Registered Agent     Intendent on the corporation of Section 807 0502 and 807 1508. Finded Statutes (PO. Box Number is Not Acceptable)       2c)     Corp Country     Restore Address of New Registered Agent     Intendent on the personal Property Tax     Restore Address of New Registered Agent       11.     Decimant to the personal of Section 807 0502 and 807 1508. Finded Statutes to corporation back of the decists. Threeby accept the apportance agent on the apportance agent on the personal property Tax     Restore Agent       12.     OFFICERS AND DIRECTORS     Intercores Agent on the apportance agent on the appor	Suite, Apt. #, etc. Suite, Apt. #,			iite, Apt. #, etc.	etc.				Certifcate of Status Desired			
Zip       Country       Zip       Country       a The constraint year intrangible         Zd       Zs       Zs       Zs       So       Personal Progenty Tax.       Unset         0       Name and Address of Current Registered Agent       10       Name and Address of New Registered Agent         120       Street Address (P. O. Box Number is Not Acceptable)       22         PLANTATION FL 33324       82       Street Address (P. O. Box Number is Not Acceptable)         14. Pursuant to the provisions of Sections 607.0502 and 607.0508. Flortds Statutes.       83       PL         SIGNATURE       Street Address (P. O. Box Number is Not Acceptable)       83       Zp Code         14. Pursuant to the provisions of Sections 607.0502 and 607.0508. Flortds Statutes.       Babox - stand of directors. I hereby accept the appointment is registered agent, or hold provide agent, or hold provide agent, or hold provide status are registered agent.       DATE       DATE         SIGNATURE       Bulkinks, StepENCER       10       Name       DATE       DATE         Sinter Address       Status Areases       Spatial status Areases       Spatial status Areases       Spatial status Areases         Sinter Address       Status Areases       Spatial status Areases       Spatial status Areases       Spatial status Areases         Sinter Address       Status Areases       Spatial s	City & State	City & State City & State						-6.		· · ·		
9. Name and Address of Current Registered Agent     10/ Name and Address of New Registered Agent       C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 3324     81       82     Street Address (P.O. Box Number is Not Acceptable)       83     83       84     City       84     City       85     84       86     City       87     84       88     1       89     City       80     Street Address (P.O. Box Number is Not Acceptable)       81     82       82     Street Address (P.O. Box Number is Not Acceptable)       83     84       84     City       84     City       85     City       86     Store Address (P.O. Box Number is Not Acceptable)       86     Store Address (P.O. Box Number is Not Acceptable)       810     Name       810     Name       810     Store Address address (P.O. Box Number is Not Acceptable)       810     Store Address address (P.O. Box Number is Not Acceptable)       811     Store Address address (P.O. Box Number is Not Acceptable)       812     Store Address address (P.O. Box Number is Not Acceptable)       813     Store Address address (P.O. Box Number is Not Acceptable)       814     Store Address (P.O. Box Number is Not Acceptable)	Zip	·	Zip			itry		8.	This corporation owes the current	· <u> </u>	· [	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	24				-			10				
IZUD 5. PHR: ISLAND PD.         PLANTATION FL 33324         84       City         84       City         84       City         94       City         94       City         94       City         95       Zip Code         94       City         94       City         95       Zip Code         961       Bardian with, and accept the obligations of, Section 00 2005, Florida Statutes.         SIGNATURE       Statutes.         961       Burkers the appointment as registered agent and accept the obligations of, Section 00 2005, Florida Statutes.         961       Burkers T.         961       Burker ST.								ee /{	P.O. Box Number is Not Accentable	<u></u>		
Image: Im										,, 		
11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Fonda Statutes. the above need constructions submits the statiment for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE       Signature. typed or protect nees of registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.       More economic of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0506, Florida Statutes.         12.       OFFICERS AND DIRECTORS       13.       ADDITIONSICHANGES to OFFICERS AND DIRECTORS IN 12         TILE       VP       DELETE       11 TILE       P/D '       Change (X) Addition         NME       BULLINS, SPENCER       10 ELETE       11 TILE       P/D '       Rudiisi111, C Gury         STREET ADDRESS       961 BURKE ST.       31 STREET ADDRESS       961 BURKe St.       Y/T/D       Change (X) Addition         NME       DAVIDSON, JOE       21 TILE       V/T/D       Change (X) Addition       Y/Addition         NME       STEEVENS, EMILY J       20 ELETE       21 TILE       V/T/D       Change (X) Addition         NME       STEVENS, EMILY J       31 STREET ADDRESS       961 BURKE ST.       STEVENS, EMILY J       Addition         STEVENS, EMILY J       DELETE       21 TILE       V/Instron-Salem -NC 27101										85	Zip Co	ode
agent. I am familier with, and accept the obligations of. Section 607.0505, Florida Statules. SIGNATURE SIGNATURE Signature, typed or protein analysis of the a spoked/s PMOTE Replaced agent ag	11. Pursuant f	to the provisions of Sections 6	607.0502 and 607.1	1508, Florida Statutes	, the ab	ove-na	med corpo	ratio	n submits this statement for the put	pose of changing	ng its r	egistered
Signature, Typed ar providem agent and the of application.       (NOTE: Regulation data and and and application.)       DNTE         12.       OFFICERS AND DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TITLE       VP       □ DELETE       11 TITLE       P/D       □ Change       Addition         STREET ADDRESS       961 BURKE ST.       13 STREET ADDRESS       961 BURKE ST.       13 STREET ADDRESS       961 BURKE ST.       0 Addition         TITLE       AVP       □ DELETE       21 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVP       □ DELETE       21 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVP       □ DELETE       21 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVP       □ DELETE       21 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVPS       □ DELETE       21 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVPS       Q DELETE       31 TITLE       V/T/D       □ Change       Q Addition         TITLE       AVPS       Q DELETE       31 TITLE       Q Addition       Q Addition       Q Addition       Q Addition       Q Addition	office or re agent. I ar	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. S e obligations of, Se	Such change was auti ction 607.0505, Florid	horized la Statui	by the tes.	corporation	's D	oard of directors. I hereby accept tr	e appointment	as reg	Isterea
TITLE       VP       DELETE       11 TITLE       P/D       Change       Addition         NAME       BULLINS, SPENCER       12 NAME       Ruidisi111, C Guy       Ruidisi111, C Guy         STREET ADDRESS       961 BURKE ST.       13 STREET ADDRESS       961 Burke St.       Change       Addition         CTY-ST-2P       WINSTON-SALEM NC 27101       DELETE       21 TITLE       V/T/D       Change       CAddition         NAME       DAVIDSON, JOE       21 TITLE       V/T/D       Change       CAddition         STREET ADDRESS       961 BURKE ST.       23 STREET ADDRESS       961 Burke St.       CAddition         OTY-ST-2P       WINSTON-SALEM NC 27101       24 OTY-ST-2P       Vinston-Salem NC 27101       Change       CAddition         NAME       STEVENS, EMILY J       33 STREET ADDRESS       961 BURKE ST.       21 NUE       S1 Addition         NAME       STEVENS, EMILY J       33 STREET ADDRESS       961 Burke St.       Change       Addition         NAME       DELETE       31 TITLE       VIII12ard, ILisa B       961 Burke St.       Change       Addition         STREET ADDRESS       961 BURKE ST.       33 STREET ADDRESS       Change       Addition         TITLE       DELETE       51 TITLE       S1 NT					-	Agent sign	nature required				CTO	
NAME       BULLINS, SPENCER       12 NAME       Rudisill, C Guy         STREET ADDRESS       961 BURKE ST.       13 STREET ADDRESS       961 Burke St.         GTY-ST-2P       WINSTON-SALEM NC 27101       14 GTY-ST-2P       Vinston-Salem NC 27101         NAME       DAUDSON, JOE       21 MLE       V/T/D       Change         STREET ADDRESS       961 BURKE ST.       23 STREET ADDRESS       961 BURKE ST.         GTY-ST-2P       WINSTON-SALEM NC 27101       24 GTY-ST-2P       Hancock, Larry E         AVPS       20 STREET ADDRESS       961 BURKE ST.       23 STREET ADDRESS         STREET ADDRESS       961 BURKE ST.       23 STREET ADDRESS       961 Burke St.         STREET ADDRESS       961 BURKE ST.       24 Addition         STREET ADDRESS       961 BURKE ST.       33 STREET ADDRESS         961 BURKE ST.       33 STREET ADDRESS       961 Burke St.         WINSTON-SALEM NC 27101       24 Addition       24 Addition         TTLE       DeLETE       31 TTLE       YINSTON-Salem NC 27101         TTLE       QI Addition       33 STREET ADDRESS       961 Burke St.         STREET ADDRESS       961 BURKE ST.       43 STREET ADDRESS       43 STREET ADDRESS         STREET ADDRESS       961 BURKE ST.       43 STREET ADDRESS		VP	ERS AND DIRECT		-	£	P/	_	ADDITIONS/CHANGES TO OFFIC			
crrv.sr.zp       WINSTON-SALEM NC 27101       14 crrv.sr.zp       Usinstrom-Salem NC 27101         TTLE       AVP       DELETE       21 TITLE       V/T/D       Change       Q/Addition         STREET ADDRESS       961 BURKE ST.       23 GTR-Sr.Zp       WINSTON-SALEM NC 27101       2 GTR-Sr.Zp       V/Instrom-Salem NC 27101       Change       Q/Addition         STREET ADDRESS       961 BURKE ST.       23 GTR-Sr.Zp       V/Instrom-Salem NC 27101       Change       Q/Addition         NAME       STREET ADDRESS       961 BURKE ST.       23 GTR-Sr.Zp       V/Instrom-Salem NC 27101       Change       Q/Addition         NAME       STREET ADDRESS       961 BURKE ST.       33 STREET ADDRESS       961 BURKE ST.       33 STREET ADDRESS       961 BURKE ST.       21 Addition         NAME       LONG, MATT R JR       X DELETE       41 TITLE       S       VIINSTON-SALEM NC 27101       24 CTR'-Sr.Zp       VIINSTON-SALEM NC 27101       Change       Addition         NAME       LONG, MATT R JR       X DELETE       41 TITLE       VIINSTON-SALEM NC 27101       Change       Addition         NAME       STREET ADDRESS       961 BURKE ST.       43 STREET ADDRESS       Change       Addition         STREET ADDRESS       961 BURKE ST.       53 STREET ADDRESS       Change		-					Ru	di				
TTLE       AVP       DELETE       21 TTLE       V/T/D       Change       ZAddiion         NAME       DAVIDSON, JOE       22 NAME       Hancock, Larry E       961 BURKE St.       23 STREET ADDRESS       961 BURKE St.       24 COTY-ST-2P       Vinston-Salem NC 27101       Change       Z Addiion         NAME       STEVENS, EMILY J       31 TTLE       Vinston-Salem NC 27101       Change       Z Addiion         NAME       STEVENS, EMILY J       33 STREET ADDRESS       961 BURKE St.       Change       Z Addiion         NAME       STEVENS, EMILY J       33 STREET ADDRESS       1 Units ton-Salem NC 27101       Change       Z Addiion         NAME       STEVENS, EMILY J       33 STREET ADDRESS       961 Burke St.       Villard, Lisa B       961 Burke St.       Villard, Lisa B       961 Burke St.       Villard, Isaa B       961 Burke St.       Street ADDRESS       961 Burke St.       Street ADDRESS       Street ADDRESS       Isaa Street ADDRESS       Isaa Street ADDRESS       Isaa Street ADDRESS       Isaa Street ADDRESS			INSTON-SALEM NC 27101		9		90					
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NAME       STEVENS, EMILY J       32 NAME       S         STREET ADDRESS       961 BURKE ST.       33 STREET ADDRESS       961 BURKE ST.         VINSTON-SALEM NC 27101       34 CITY-ST-ZP       961 BURKE ST.       961 BURKE ST.         TITLE       D       DELETE       4.1 TITLE       VIINSTON-SALEM NC 27101       Change       Addition         NAME       LONG, MATT R JR       4.2 NAME       4.3 STREET ADDRESS       961 BURKE ST.       Change       Addition         VIINSTON-SALEM NC 27101       VIINSTON-SALEM NC 27101       4.4 CITY-ST-ZP       Change       Addition         VIINTE       D       DELETE       5.1 TITLE       Change       Addition         NAME       MAME       STREET ADDRESS       961 BURKE ST.       Change       Addition         NAME       MATTOCKS, N. RANDOLPH JR       52 NAME       53 STREET ADDRESS       Change       Addition         STREET ADDRESS       961 BURKE ST.       53 STREET ADDRESS       Change       Addition         NAME       STREET ADDRESS       63 STREET ADDRESS       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       Change       Addition         NAME       STREET ADDRESS       STREET ADDRESS       Change       Additio	i		7101				TY-ST-ZIP					17 Addition
STREET ADDRESS       901 BUrke S1.       33 STREET ADDRESS       961 Burke St.         CITV-ST-ZP       WINSTON-SALEM NC 27101       34 CITV-ST-ZP       Yinston-Salem NC 27101       Change       Addition         NAME       LONG, MATT R JR       4.2 NAME       4.2 NAME       Immediate and the state an		Stevens, emily J		2.2 NAME			יריר יריר	ard Tico B			۶	
TITLE       D       DELETE       4.1 TITLE       VILNS COTT=Sallem NC_2/101       Change       Addition         NAME       LONG, MATT R JR       4.2 NAME       4.3 STREET ADDRESS       961 BURKE ST.       4.3 STREET ADDRESS       1.1 Street ADDRESS<			7101				<sup>ress</sup> 96					
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TITLE       D       DELETE       5.1 TITLE       Change       Addition         NAME       MATTOCKS, N. RANDOLPH JR       52 NAME       53 STREET ADDRESS       53 STREET ADDRESS       CTY-ST-ZIP       961 BURKE ST.       53 STREET ADDRESS       54 CITY-ST-ZIP       54 CITY-ST-ZIP       CTHORS       CTHORS       CHANGE       CADRESS       CTY-ST-ZIP       CHANGE       CADRESS       CADRE			7101				f f	!				
STREET ADDRESS       961 BURKE ST.       5.3 STREET ADDRESS         CTTY-ST-ZIP       WINSTON-SALEM NC 27101       5.4 CTTY-ST-ZIP         TITLE       Image: Comparison of the state of the	TITLE	D		DELETE	5.1 TITL	.E			· · · · · · · · · · · · · · · · · · ·	Cha	nge	Addition
CITY-ST-ZIP       WINSTON-SALEM NC 27101       5.4 CITY-ST-ZIP         ITTLE          □ DELETE          6.1 TITLE           □ Change         □ Addition          NAME          □ DELETE          6.1 TITLE           □ Change         □ Addition          STREET ADDRESS          □ Change           □ Addition          STREET ADDRESS          □ A CITY-ST-ZIP           □ A 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 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 oath; that I am an			_PH JK				RESS		r 1			
NAME       62 NAME         STREET ADDRESS       63 STREET ADDRESS         CiTY-ST-ZIP       64 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 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 oath; that I am an			7101						۱ ــــــــــــــــــــــــــــــــــــ			
STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 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 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 oath; that I am an				DELETE						[]] Cha	ange	Addition
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 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 oath; that I am an	}						RESS					
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 oath; that I am an			allocation at the state					, 	440.07(2)(i) Flands Of LA	there and it is a		formetie
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.	indicated of officer or of	on this annual report or supple lirector of the corporation or t	emental annual rep he receiver or trust	ort is true and accura ee empowered to exe	te and t cute this	hat my s repor	signature : t as require	shall	I have the same legal effect as if ma	ide under oath;	that I a	am an
SIGNATURE: Jun BUD Ula BOULDED B Willard 2-2-99 336-125-2304		Da	BUDU	lai 8/00	123	50		  ינ	1lard 2-2-99	336-12	5-23	$b\phi$