

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 16 9:43

**DOCUMENT # F94000000616 (2)**

1. Corporation Name  
**RELOCATION FINANCIAL SERVICES, INC.**

Principal Place of Business Mailing Address  
**120 LONGWATER DR. NORWELL MA 02061**

DO NOT WRITE IN THIS SPACE

|                                |     |                         |     |   |                                |
|--------------------------------|-----|-------------------------|-----|---|--------------------------------|
| 2. Principal Place of Business |     | 2a. Mailing Address     |     | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21                             | 21a | 21b                     | 21c | 02/08/1994  |                                |
| 22. State, Apt. #, etc         |     | 22a. Suite, Apt. #, etc |     | 4. FEI Number   | Applied For                    |
| 22                             |     | 22a                     |     | 04-3075633  | Not Applicable                 |
| 23. City & State               |     | 23a. City & State       |     | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23                             |     | 23a                     |     | <input type="checkbox"/>  |                                |
| 24. Zip                        |     | 24a. Zip                |     | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24                             |     | 24a                     |     | <input type="checkbox"/>  |                                |
| 25. Country                    |     | 25a. Country            |     | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| 25                             |     | 25a                     |     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                                |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS ST., STE. 105<br/>TALLAHASSEE FL 32301</b> |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | CPT                     | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BENEVIDES, JOSEPH V JR. | 12 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 13 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 14 CITY ST ZIP  |   |
| TITLE                      | D                       | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHAMP, DANIEL J         | 22 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 23 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 24 CITY ST ZIP  |   |
| TITLE                      | D                       | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HALL, WALTER R JR.      | 32 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 33 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 34 CITY ST ZIP  |   |
| TITLE                      | D                       | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOHNS, DOUGLAS A        | 42 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 43 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 44 CITY ST ZIP  |   |
| TITLE                      | D                       | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RAPP, DAVID M           | 52 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 53 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 54 CITY ST ZIP  |   |
| TITLE                      | AV                      | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MITCHELL, ROBERT E      | 62 NAME   |   |
| STREET ADDRESS             | 120 LONGWATER DR.       | 63 STREET ADDRESS                                     |   |
| CITY ST ZIP                | NORWELL MA 02061        | 64 CITY ST ZIP  |   |

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 110.07(3)(A), 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 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 certain attachment with an address.

SIGNATURE *Joseph V. Benevides, Jr.* DATE *6/9/95* CHARTER NUMBER *9825702*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000000716 (0)**

1. Corporation Name  
**KURT J. LESKER COMPANY**

Principal Place of Business Mailing Address  
**1515 WORTHINGTON AVE  
CLAIRTON PA 15025-2700**

DO NOT WRITE IN THIS SPACE

|                                |  |                       |  |   |   |
|--------------------------------|--|-----------------------|--|---|---|
| 2. Principal Place of Business |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             |  | 26                    |  | 02/14/1994  |   |
| 22 Suite, Apt #, etc.          |  | 27 Suite, Apt #, etc. |  | 4. FEI Number   | Applied For   |
| 23 City & State                |  | 28 City & State       |  | 25-1193626  | Not Applicable  |
| 24 Zip                         |  | 29 Country            |  | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
|                                |  |                       |  | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
|                                |  |                       |  | 7. This corporation has liability for enterprise tax under s. 125.022, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |  |  |  |  |    |          |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent |  |    |          |
| <b>BURKE, PAUL R<br/>7233 SUMMER ST<br/>ENGLEWOOD FL 34224</b> |  |  |  | B1   | Name   |    |          |
|  |  |  |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |    |          |
|  |  |  |  | B3   |  |    |          |
|  |  |  |  | B4   | City   | B5 | Zip Code |

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | C                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LESKER, KURT J JR    | 1.2 NAME  |  |
| STREET ADDRESS             | 1515 WORTHINGTON AVE | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CLAIRTON PA          | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | P                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LESKER, KURT J III   | 2.2 NAME  |  |
| STREET ADDRESS             | 1515 WORTHINGTON AVE | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CLAIRTON PA          | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | V                    | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BREWER, JOHN A       | 3.2 NAME  | <b>DELETE OFFICER<br/>DUE TO TEAMIZATION</b>                                 |
| STREET ADDRESS             | 1515 WORTHINGTON AVE | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CLAIRTON PA          | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | S                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | DEMETRIUS, ALLEN R   | 4.2 NAME  |  |
| STREET ADDRESS             | 1515 WORTHINGTON AVE | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CLAIRTON PA          | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | T                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ROSS, JOHN A         | 5.2 NAME  |  |
| STREET ADDRESS             | 1515 WORTHINGTON AVE | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | CLAIRTON PA          | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |  |

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 110.07(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 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 12 or Block 13 (Change) or on an attachment with an address.

SIGNATURE: *John A. Ross* **JOHN A. ROSS** **JUNE 9, 1995** (412) 233-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3-95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 14 AM 10:05

**DOCUMENT # F94000001136 (0)**

1. Corporation Name  
**BORDER STATES INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 2767 P.O. BOX 2767  
 FARGO ND 58100-2767 FARGO ND 58100-2767

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |   |                         |
|--------------------------------|--|------------------------|--|---|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report |
| 21 105 .. 25th Street North    |  | 28 Suite, Apt. #, etc. |  | 03/07/1994  | N/A                     |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   | Applied For             |
| 23 Fargo, ND                   |  | 28 Fargo, ND           |  | 45-0275004  | Not Applicable          |
| 24 Zip                         |  | 25 Country             |  | 5. Certificate of Status Desired  |                         |
| 24 58102                       |  | 25 U.S.                |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees             |                         |
| 26 Zip                         |  | 29 Country             |  | 6. Election Campaign Financing Trust Fund Contribution  |                         |
| 26 58102                       |  | 29 U.S.                |  | <input type="checkbox"/> \$5.00 May Be Added to Fees<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         |

|  |  |  |  |   |                |
|--|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent                          |  |  |  | 10. Name and Address of New Registered Agent          |                |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 |  |  |  | 01 Name   | N/A            |
|  |  |  |  | 02 Street Address (P.O. Box Number is Not Acceptable) |                |
|  |  |  |  | 03  |                |
|  |  |  |  | 04 City   | FL 05 Zip Code |

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | P                      | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MADSON, PAUL C         | 12 NAME   |  |
| STREET ADDRESS             | 1348 RIVER RD., SOUTH  | 13 STREET ADDRESS                                     |  |
| CITY ST ZIP                | FARGO ND 58103         | 14 CITY ST ZIP  |  |
| TITLE                      | V                      | 21 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GILL, ROBERT P         | 22 NAME   |  |
| STREET ADDRESS             | 814 SOUTHWOOD DR.----- | 23 STREET ADDRESS                                     | 4811 East Beryl Ave  |
| CITY ST ZIP                | FARGO ND 58103-----    | 24 CITY ST ZIP  | Paradise Valley, AZ 85253  |
| TITLE                      | S                      | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HOFFELT, GREG          | 32 NAME   |  |
| STREET ADDRESS             | 1708 9TH ST., SOUTH    | 33 STREET ADDRESS                                     |  |
| CITY ST ZIP                | FARGO ND 58103         | 34 CITY ST ZIP  |  |
| TITLE                      | T                      | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILLER, TAMMY J        | 42 NAME   |  |
| STREET ADDRESS             | 2201 VICTORIA ROSE DR. | 43 STREET ADDRESS                                     |  |
| CITY ST ZIP                | FARGO ND 58103         | 44 CITY ST ZIP  |  |
| TITLE                      | V                      | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | THRALL, BRAD           | 52 NAME   |  |
| STREET ADDRESS             | 3020 N. SHORE LOOP     | 53 STREET ADDRESS                                     |  |
| CITY ST ZIP                | MANDAN ND 58554        | 54 CITY ST ZIP  |  |
| TITLE                      |                        | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                        | 62 NAME   |  |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |  |
| CITY ST ZIP                |                        | 64 CITY ST ZIP  |  |

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 110.07(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 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 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Tammy J. Miller DATE: 6/6/95 TELEPHONE: 701-239-2318  
Signature typed or printed name of signing officer or director

CR2E034 (3/95)



**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**\* AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000001305 (1)**

1. Corporation Name  
**PROBITAS ADVISORS, INC.**

Principal Place of Business      Mailing Address  
**2875 NE 191ST STREET, PENTHOUSE 1**      **2875 NE 191ST STREET, PENTHOUSE 1**  
**NORTH MIAMI BEACH FL 33180**      **NORTH MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE.

|                                |         |                     |         |   |  |   |  |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21                             |         | 26                  |         | 03/15/1994  |  |   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  | Applied For   |  |
| 22                             |         | 27                  |         | 65-0474459  |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required                                      |  |
| 23                             |         | 28                  |         | <input checked="" type="checkbox"/>   |  |   |  |
| Zip                            | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees   |  |
| 24                             | 25      | 29                  | 30      | <input type="checkbox"/>  |  |   |  |
|                                |         |                     |         | 8. This corporation has liability for intangible tax under s. 195.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b><br><b>SUITE 105</b><br><b>1201 HAYS STREET</b><br><b>TALLAHASSEE FL 32301</b> |  |  |  | 81 Name   |  |  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL  |  |  |  |

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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Print or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONAL MANAGERS, OFFICERS AND DIRECTORS |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | PSTC                              | 1.1 TITLE                                       | FINANCE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GANZ, CHARLES B                   | 1.2 NAME  | JOSEPH A. FERNANDEZ  |
| STREET ADDRESS             | 2875 NE 191ST STREET, PENTHOUSE 1 | 1.3 STREET ADDRESS                              | 2875 NE 191 St, Penthouse 1  |
| CITY, ST, ZIP              | NORTH MIAMI BEACH FL 33180        | 1.4 CITY, ST, ZIP                               | NORTH MIAMI BEACH, FL 33180  |
| TITLE                      | D                                 | 2.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       | GANZ, CHARLES B                   | 2.2 NAME  |  |
| STREET ADDRESS             | 2875 NE 191ST STREET, PENTHOUSE 1 | 2.3 STREET ADDRESS                              |  |
| CITY, ST, ZIP              | NORTH MIAMI BEACH FL 33180        | 2.4 CITY, ST, ZIP                               |  |
| TITLE                      |                                   | 3.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                                   | 3.2 NAME  |  |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                              |  |
| CITY, ST, ZIP              |                                   | 3.4 CITY, ST, ZIP                               |  |
| TITLE                      |                                   | 4.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                                   | 4.2 NAME  |  |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                              |  |
| CITY, ST, ZIP              |                                   | 4.4 CITY, ST, ZIP                               |  |
| TITLE                      |                                   | 5.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                              |  |
| CITY, ST, ZIP              |                                   | 5.4 CITY, ST, ZIP                               |  |
| TITLE                      |                                   | 6.1 TITLE                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                              |  |
| CITY, ST, ZIP              |                                   | 6.4 CITY, ST, ZIP                               |  |

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 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 hereof, or on an attachment with an address.

SIGNATURE: JOSEPH A. FERNANDEZ      6/8/95      933-1205  
Signature and typed or printed name of signing officer or director      Date      (Type Here)

CR2E034 (3-95)