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**PROFIT** CORPORATION ' ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500002809

1. Corporation Name

INTEGRATED HEALTH SERVICES OF SKYVIEW II, INC.

| Principal Place of Guiness   Mailing Address   |   |  |   |                                    |            |             |   |   |  |                                 |                        |
|--|---|--|---|------------------------------------|------------|-------------|---|---|--|---------------------------------|------------------------|
| OWINGS MILLS FL 21117  DO NOT WRITE IN THIS SPACE  3. Date incorporated of Qualified  (6)(09/1935  A FEB Number*  A FEB Number*  Suite, Apt. #, etc.  City & State  City & Sta           | Principal Place                         | e of Business                          | Mailing Addre                             | ess                                |            |             |   | 1 1051100 1115 10151 01111 00   | 61 <b>48</b> 411 <b>88</b> 111 <b>88</b> 111 |                                 |                        |
| 2. Principal Place of Business   2a. Mailing Address   4. FEB lumber   Applied For   A           | 10065 RED RUN BLVD. 10065 RED RUN BLVD. |  |   |                                    |            |             |   |   |  |                                 |                        |
| 2. Principal Place of Business   Ze. Mairing Address   Applied For   Applied For   School   Section   Applied For   School   Section   Applied For   School   Section   Applied For   School   Section   Secti           |   |  |   | S FL 21117                         |            |             |   | DO NOT WRITE IN THIS SPACE  |  |                                 |                        |
| 2 Principal Place of Business   2a. Mailing Address   4. Fish humber   Applied For   |   |  |   |                                    |            |             |   |   |  | TO AUE                          |                        |
| 2. Principal Place of Business 2. 2. Mainling Address 2. 2. Sulfe, Apt. R. etc. 2. 2. City & State 2. Display 2. Sulfe, Apt. R. etc. 3. Sulfe, Apt. R. et           |   |  |   |                                    |            |             |   |   |  |                                 |                        |
| Sulfa, Apt. #, etc.   25   Sulfa, Apt. #, etc.   27   Sulfa, Apt. #, etc.   28   Sulfa, Apt. #, etc.   29   Sulfa, Apt. #, etc.             | 2 Principal DI                          | ace of Rusiness                        | 2a Mailing A                              | ddress                             |            |             |   |   |  | Ap                              | plied For              |
| Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Status Desired   \$8.75 Additional   Specificate of Status Desired   \$5.00 May Be Addition   Specificate of Status Desired   Specificate of Status Desired   Specificate of Status Desired   Specificate of Status   Specificate of Status   Specificate of Status   Specificate of Status   Specificate   Specificate |   | ace of business                        | — ·                                       | 34,000                             |            |             |   | 52-1926651  |  |                                 |                        |
| See Required   Status Dearing   See Required   Se             |   | # etc.                                 |   |                                    |            |             |   |   | . ===  | \$8.75 /                        | Additional             |
| City & State  City & State  28  City & State  29  Country  29  Country  30  Country  30  Country  40  City & State  29  Country  30  Country  40  City & State  30  City & State  30  City & State  30  Country  40  City & State  41  City & State  41  City Country  41  City Country  42  City Country  42  City Country  43  City & State  45  City Country  45  City Country  46  City City Country  47  City Country  47  City Country  48  City City Country  49  City City Country  40  Ci           |   |  |   |                                    |            |             | 5. Certificate of Status Desire         | a L   | Fee Re                                       | quired                          |                        |
| Trust Fund Contribution   Added to Fees  |   | 9                                      |   |                                    |            |             | 6. Election Campaign Finance            | ing _   | \$5.00                                       | May Be                          |                        |
| Zip   Country   Zip   Country   Zip   Country   8. This corporation ows the current year Intengible   Personal Property Tax   Ves   No   | 23                                      |  | 28  |                                    |            |             |   | Trust Fund Contribution   |  | Added t                         | o Fees                 |
| 9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  11. Pursuant to the provisions of Sections 607 (502 and 607 (506, Fiorida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorided the corporation aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorided to the corporation aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Statutes.  SIGNATURE  Type  |   | Country                                | Zip                                       |                                    | Country    | ,           |   | 8. This corporation owes the  | current year In                              | tangible                        | _                      |
| 9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  84 City  FL 85 Zip Codo  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. an armalizar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an armalizar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an armalizar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME ELKINS, MARSHALL A 10065 RED RUN BLVD. 12. STREET ADDRESS 10065 RED RUN BLVD. 13. STREET ADDRESS 10065 RED RUN BLVD. 14. STREET ADDRESS 10065 RED RUN BLVD. 15. STREET ADDRESS 10065 RED RUN BLVD. 24. OTY-57-2P  OWINGS MILLS FL 21117  10. DELETE  11. TILE  11. DELETE  12. TILE  12. OFFICERS AND DIRECTORS 11. STREET ADDRESS 10. STREET ADDR           | 24                                      | 25                                     | 29  | 30                                 | <u> </u>   |             |   | <u> </u>  |  |                                 | □No                    |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutues, 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 in a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typod or proted ware of registered agent and accept the obligations of, Section 607.0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  16. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  17. I STATE TO OWNINGS MILLS FL 21117  18. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  19. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I STREET ADDRESS TO OFFICE ADDRESS TO OFFICERS AND DIRECTORS IN 12  10. I            |   | 9. Name and Address of Currer          | nt Registered Age                         | nt                                 |            | 1           |   | 10. Name and Address of N   | w Registered                                 | Agent                           |                        |
| 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, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signaturus Proper or printed name of registered agent and 156 if applicable.  OFFICERS AND DIRECTORS  11. TITLE  DVPC  SIGNATURE  SIGNATURE  Signaturus Appet or printed name of registered agent and 156 if applicable.  OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N 12  TITLE  DVPC  SIGNATURE            |   |  |   |                                    | 81         | Nam         | е                                       |   |  |                                 |                        |
| PLANTATION FL 33324  83  84 City  FL  85 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 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, 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, 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, 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, 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, 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, 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, agent, and accept the appointment as registered agent, agent, and accept the objection of Corporation's board of directors. I hereby accept the appointment as registered agent, agent, and accept the objectors. I hereby accept the appointment as registered agent, agent, and accept the objectors. I hereby accept the appointment as registered agent, agent, and accept the objectors. I hereby accept the appointment as registered agent, agent, and accept the objectors. I have compared the provisions of Corporation Submits this statement for the purpose of changing its registered and the provisions. I hereby accept the appointment as registered and submits all purposes. In the corporation is board of directors. I hereby ac           |   |  |   |                                    | 82         | Stree       | t Addres                                | ss (P.O. Box Number is Not Acceptable)                                |  |                                 |                        |
| ### City   FL   85   Zip Code    11. Pursuant to the provisions of Sections 907.0502 and 807.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, 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, 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, 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, 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, or both in the State of Florida, Statutes.  It is made to provide the provisions of Section 607.0505, Florida Statutes.  It is made to provide the negative agent, and agents are registered agent, or both in the State of Section 607.0505, Florida Statutes.  It is made to provide the negative agent, and agents agent agents are registered agent, and agents are register           |   |  |   |                                    |            |             |   |   |  |                                 |                        |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite 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 general required registered agent, and accept the obligations of, Section 607,6056, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS (No. 12 No. 11            | PLAN                                    | 11A11ON FL 33324                       |   |                                    | 83         |             |   |   |  |                                 |                        |
| 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 sccept the appointment as registered office or registered agent and caccept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  16. OFFICERS AND DIRECTORS IN 13. TITLE  17. OFFICERS AND DIRECTORS IN 14.  18. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  19. OVER CLKINS, MARSHALL A  19. STREET ADDRESS  19. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  19. OVER CLKINS, MARSHALL A  19. STREET ADDRESS  19. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  19. OVER CLKINS, MARSHALL A  19. STREET ADDRESS  19. ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12.  19. OVER CLKINS, MARSHALL A  19. STREET ADDRESS  19. OVER CLKINS, MARSHALL A  19. STREET ADDRESS  19. OVER CLKINS, MARSHALL A  19. OVER CLKINS, MARSHALL            |   |  |   |                                    | 84         | City        |   |   |  | 85 Zip (                        | Code                   |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE   Signature, Typed or protect name of registered agent and title if applicable.   (NOTE: Registered Agent algorithms required when reinstating)   |   |  |   |                                    |            |             |   |   |  |                                 |                        |
| Agent. I am familiar with, and accept the obligations of, Section 607.0905, Fionda Statutes.  SIGNATURE  Signature, typed of proteid name of registrate spert and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DVPC  LEKINS, MARSHALL A  12 NAME  ELKINS, MARSHALL A  13 STREET ADDRESS  10065 RED RUN BLVD.  OWINGS MILLS FL 21117  14 CITY-ST-ZIP  OWINGS MILLS FL 21117  DVPC  DELETE  13 TITLE  DVP  OWINGS MILLS FL 21117  DELETE  22 NAME  10065 RED RUN BLVD.  23 STREET ADDRESS  10065 RED RUN BLVD.  OWINGS MILLS FL 21117  24 CITY-ST-ZIP  OWINGS MILLS FL 21117  DELETE  13 TITLE  D  OWINGS MILLS FL 21117  D           | 11. Pursuant                            | to the provisions of Sections 607.050  | )2 and 607.1508, F<br>of Florida, Such ch | forida Statutes,<br>pange was auth | , the abov | e-name      | d corpor                                | ation submits this statement for<br>'s board of directors. I hereby a | the purpose o<br>ccept the appo              | i changing its<br>intment as re | registered<br>gistered |
| 12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ITITLE  | agent. I a                              | m familiar with, and accept the obliga | ations of, Section 6                      | 07.0505, Florid                    | a Statutes | ;<br>}.     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,                               |  |                                 | •                      |
| 12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ITITLE  | SIGNATURE                               |  |   |                                    |            |             |   | <u> </u>  |  |                                 |                        |
| TITLE DVPC  NAME ELKINS, MARSHALL A STREETADORESS 10065 RED RUN BLVD. OWINGS MILLS FL 21117  NAME LEVIN, MARC B STREETADORESS 10065 RED RUN BLVD. OWINGS MILLS FL 21117  TITLE DVP OWINGS MILLS FL 21117  DELETE 21 TITLE DVP OWINGS MILLS FL 21117  DELETE 22 NAME 23 STREET ADDRESS 10065 RED RUN BLVD. OWINGS MILLS FL 21117  TITLE PD ADELETE 31 TITLE DVP OWINGS MILLS FL 21117  DELETE 32 NAME STREET ADDRESS 10065 RED RUN BLVD. OWINGS MILLS FL 21117  TITLE PD OWINGS MILLS FL 21117  TITLE VP OWINGS MILLS FL 21117  TITLE TIT           |   |  |   | (NOTE: Re                          |            | nt signatur | e required v                            |   |  | ND DIRECTO                      | PS IN 12               |
| ELKINS, MARSHALL A STREETADDRESS 10065 RED RUN BLVD. OWINGS MILLS FL 21117  TITLE  DVP  DVP  DVP  DVP  DVP  DVP  DVP  DV   |   |  |   | ) DELETE                           |            |             | ъ                                       | ADDITIONS/CHANGES TO  | OFFICERS A                                   |                                 |                        |
| STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE DVP   |   |  | F   | - Decere                           |            |             |   | hr Dickett  |  | L                               | -                      |
| CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE DVP DELETE 21TITLE 5/D MARC B STREET ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE PD DELETE 31TITLE DVINGS MILLS FL 21117  TITLE VP DELETE 41TITLE VP DELETE ADDRESS 10065 RED RUN BLVD. CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE TITLE TITLE TO DELETE 51TITLE TITLE TO DELETE 51TITLE TITLE TITLE TITLE TO DELETE 51TITLE TITLE TITLE TITLE TITLE TO DELETE 51TITLE TITLE T           | –                                       | •                                      |   |                                    |            | T 4 DDDC'0  |   | 15 Red Run Bl   | d  |                                 |                        |
| TITLE DVP DELETE 2.1TITLE S/D SChange Addition  NAME LEVIN, MARC B  STREET ADDRESS 10065 RED RUN BLVD.  OWINGS MILLS FL 21117  TITLE PD D DELETE 3.1TITLE D DELETE 3.1TITLE DOWNINGS MILLS FL 21117  TITLE PD D DELETE 3.1TITLE D DELETE 3.1TITLE DOWNINGS MILLS FL 21117  TITLE VP D DELETE 4.1TITLE VP DELETE 5.1TITLE TITLE            | ' '                                     |  |   |                                    |            |             |   |   |  |                                 |                        |
| NAME  LEVIN, MARC B  STREETADDRESS  10065 RED RUN BLVD.  OWINGS MILLS FL 21117  TITLE  PD  ADELETE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  OWINGS MILLS FL 21117  TITLE  VP  OWINGS MILLS FL 21117  OBELETE  41 TITLE  VP  OWINGS MILLS FL 21117  OWINGS MILLS FL 21117  OWINGS MILLS FL 21117  OWINGS MILLS FL 21117  TITLE  VP  OWINGS MILLS FL 21117  ADELETE  STREET ADDRESS  OWINGS MILLS FL 21117  OWINGS MILLS FL 21117  ADELETE  STREET ADDRESS  OWINGS MILLS FL 21117  OWINGS MILLS FL 21           |   |  |   | 1 DELETE                           |            | I-ZIP       |   |   | S=111 1                                      | Change                          | Addition               |
| STREET ADDRESS CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE PD STREET ADDRESS TOOGS RED RUN BLVD. AME ELKINS, ROBERT N. STREET ADDRESS TOOGS RED RUN BLVD. STREE           |   |  |   | 9                                  |            |             |   |   |  | _                               |                        |
| CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE PD DELETE 3.1 TITLE D CHANGE MILLS FL 21117  TITLE PD DELETE 3.1 TITLE D CHANGE MILLS FL 21117  TITLE VP CHANGE FULCHINO, MARK  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE VP CHANGE FULCHINO, MARK  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T CHANGE CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE SITTLE SITTLE T CHANGE CANAGE  SITREET ADDRESS 10065 RED RUN BLVD.  CHANGE CHA           | •                                       | LEVIII, MATIO D                        |   | 1                                  |            |             |   |   |  |                                 |                        |
| TITLE PD DELETE 3.1 TITLE D Change CAddition  NAME ELKINS, ROBERT N.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE VP DELETE 4.1 TITLE VP DELETE 4.1 TITLE VP DWINGS MILLS FL 21117  TITLE T DELETE 5.1 TITLE T Change Addition  NAME BENNETT, BRADLEY 5.3 STREET ADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T DELETE 5.1 TITLE T Change Addition  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T Change Addition  CHANGE ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE DOWINGS MILLS FL 21117  DELETE 6.1 TITLE COWINGS MILLS FL 21117  |   |  |   |                                    |            |             |   | -   | -  |                                 |                        |
| NAME ELKINS, ROBERT N.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE VP DELETE 4.1 TITLE V A.2 NAME MARK  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T DELETE 5.1 TITLE TOWN DELETE TOWN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T DELETE 5.1 TITLE TOWN DELETE TOWN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE TOWN BENNETT, BRADLEY  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE S.1 TITLE TOWN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE S.1 TITLE TOWN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE S.1 TITLE TOWN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE S.1 TITLE TOWN BLVD.  CONSTRUCTION BLVD.  CHANGE ADDRESS CONSTRUCTION BLVD.  Change Addition  Change Addition  Change Addition  Change Addition  |   |  | 7   | DELETE                             |            | 51-ZIP      | 7000                                    | irgs inilis inio  | 32111 1                                      | Change                          | Addition               |
| STREET ADDRESS  CITY-ST-ZIP  OWINGS MILLS FL 21117  TITLE  VP  VP  OULCHINO, MARK  STREET ADDRESS  10065 RED RUN BLVD.  OWINGS MILLS FL 21117  DELETE  4.1 TITLE  VP  VP  VP  VP  VP  VP  VP  VP  VP  V  |   | · =                                    |   | 34                                 |            |             | m                                       | resmall A. Elkin  | 6  |                                 | ,                      |
| CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE VP DELETE 4.1 TITLE V MARK  STREET ADDRESS 10065 RED RUN BLVD.  TITLE T  NAME BENNETT, BRADLEY  STREET ADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  TITLE T  SERVICE TADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  SACTITY-ST-ZIP OWINGS MILLS FL 21117  DELETE 6.1 TITLE  NAME 6.2 NAME  6.2 NAME  6.2 NAME  CAMPE Addition  Addition  Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Change Addition  |   | · ·                                    |   |                                    |            | TANNOES     |   |   |  |                                 |                        |
| TITLE VP DELETE 4.1 TITLE V Addition  NAME FULCHINO, MARK  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T DOES RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 1           |   |  |   |                                    |            |             |   |   |  |                                 |                        |
| FULCHINO, MARK  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T  BENNETT, BRADLEY STREET ADDRESS 10065 RED RUN BLVD.  STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE  S.1 TITLE T  Change Addition  S.4 CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE  S.6.1 TITLE  G.8.1 TITLE  Change Addition  Addition  Change Addition  Change Addition  Change Addition  |   |  |   | 7 DELETE                           |            | 31-215      | $\overline{\nabla}$                     | 1000 1111100,1110   | gariti i                                     | Change                          | Addition               |
| STREET ADDRESS 10065 RED RUN BLVD.  CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE T   |   | · · ·                                  | _   |                                    |            | •           | ma                                      | rk Fulchino   |  |                                 |                        |
| CITY-ST-ZIP OWINGS MILLS FL 21117  TITLE  THE BENNETT, BRADLEY STREET ADDRESS CITY-ST-ZIP OWINGS MILLS FL 21117  ACCTY-ST-ZIP OWINGS MILLS FL 21117  SACITY-ST-ZIP OWINGS MILLS FL 21117  DELETE  ACCTY-ST-ZIP OWINGS MILLS FL 21117  DELETE  ACCTY-ST-ZIP OWINGS MILLS FL 21117  Change Addition  Addition  ACCTY-ST-ZIP OWINGS MILLS FL 21117  Change Addition  Addition   | 1                                       | ,                                      |   |                                    |            | T ADDRES    |   | •   | Nd   |                                 |                        |
| TITLE  NAME  BENNETT, BRADLEY  STREET ADDRESS  10065 RED RUN BLVD.  CITY-ST-ZIP  OWINGS MILLS FL 21117  DELETE  5.1 TITLE  5.2 NAME  FODE-T Stephenson  5.3 STREET ADDRESS  10065 Red Run Blvd.  5.4 CITY-ST-ZIP  CWINGS MILLS FL 21117  DELETE  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  CWINGS MILLS FL 21117   |   |  |   |                                    |            |             |   |   |  |                                 |                        |
| NAME BENNETT, BRADLEY 10065 RED RUN BLVD. 53 STREET ADDRESS CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE DELETE 61 TITLE NAME  SENNETT, BRADLEY 52 NAME FODER'T STEPPHENSON 53 STREET ADDRESS 10CU5 Fled Run Blvd 54 CITY-ST-ZIP OWINGS MILLS FL 21117  DELETE 62 NAME 63 STREET ADDRESS 10 CU5 Fled Run Blvd Change Addition   |   | T                                      | 7   | DELETE                             |            | ,1-21       | 7                                       | <u> </u>  | <u> </u>                                     | Change                          | Addition               |
| STREET ADDRESS 10065 RED RUN BLVD.  OWINGS MILLS FL 21117  TITLE  NAME  \$3.3 STREET ADDRESS 10005 Red Run Blvd  54.4 CITY-ST-ZIP 0 Unings mills mD 21117  Change Addition   |   | RENNETT RRADLEY                        | •   |                                    |            |             | Pot                                     | pert Stephenso  | n  |                                 | •                      |
| CITY-ST-ZIP OWINGS MILLS FL 21117 5.4 CITY-ST-ZIP OWINGS MILLS FL 21117 5.4 CITY-ST-ZIP OWINGS MILLS FL 21117 5.4 CITY-ST-ZIP OWINGS MILLS FL 21117  | ] !                                     |  |   |                                    | 5.3 STREE  | TADORES     | s loca                                  | 65 Red Run Bh   | id   |                                 |                        |
| TITLE DELETE 6.1 TITLE Change Addition  NAME  6.2 NAME  6.3 CTREET ADDRESS   |   |  |   |                                    | 5.4 CITY-5 | ST-ZIP      |   |   |  |                                 |                        |
| NAME 6.2 NAME  |   | OTTATOO MILLO I L L I I I I            |   | DELETE                             | 6.1 TITLE  |             | 1                                       | <del></del>   |  | ☐ Change                        | ☐ Addition             |
| CA CODECT ADDOCCO  | l :                                     |  |   |                                    | 6.2 NAME   |             |   |   |  |                                 |                        |
| OTRALL PRODUCTOR   | STREET ADDRESS                          |  |   | •                                  | 6.3 STREE  | TADDRES     | s                                       |   |  |                                 |                        |

14. 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90009 039 \*\*\*150.00