	PROFIT RPORATION JAL REPORT		R MAY 1ST IS \$550. FLORIDA DEPARTMENT C Katherine Harris Secretary of State DIVISION OF CORPORA		DF STATE	FIL Mar 22, 19 Secretary	999 8:00 7 of Sta	te
I. Corporation	MENT # F95 n Name DEL LTD., INC.	00000609	93					
Principal Place 44 SEMINOLE PALM BEACH F	· · · ·		Address NOLE AVE. ACH FL 33480			DO NOT WRITE I		I IEIEE IRIA F eb a
						 Date Incorporated or Qualifed 12/14/1995 		
Principal P	Place of Business	2a. Mailir	ng Address			4. FEI Number	AI	piled For
] _		26				13-3638645		ot Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.		يحتيم ال	5. Certifcate of Status Desired	Fee R	Additional equired
City & Stat	ie	City 8	& State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip	 1	Coun	try	 8. This corporation owes the current Personal Property Tax. 	year Intangible	No
·}	25 9. Name and Address	29 of Current Registered		30		10. Name and Address of New Regi		
	······································				31 Name			
	RTINO, CAROL			ī	32 Street Add	ress (P.O. Box Number is Not Acceptable))	· · · · · · · · · · · · · · · · · · ·
	Seminole ave. M Beach FL 33480				83			
				ļ.	B4 City		FL ⁸⁵ ^{Zip}	Code
office or r	registered agent or both in t	the State of Florida, Sur	ch chande was au	uthorized	by the corporat	poration submits this statement for the pur ion's board of directors. I hereby accept th	nose of changing its	s registered egistered
office or r	registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re	the State of Florida. Such the obligations of, Section	ch change was au on 607.0505, Flor ble. (NOTE:	rida Statul	by the corporat	ion's board of directors. Thereby accept in	pose of changing its e appointment as re DATE ERS AND DIRECT	ORS IN 12
office or r agent. I a BIGNATURE	registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFI	the State of Florida. Suc the obligations of, Section agistered agent and title if applica	ch change was au on 607.0505, Flor ble. (NOTE:	Registered A	es.	ad when reinstating)	pose of changing it: e appointment as re	
office or r agent. I a NGNATURE 2. TLE AME	registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFI P MARTINO, CAROL	the State of Florida. Suc the obligations of, Section agistered agent and title if applica	ch change was al on 607.0505, Flor Ible. (NOTE: RS	Registered A 13. 1.1 TTTL 1.2 NAM	gent signature requir	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT	ORS IN 12
office or r agent. I a IGNATURE 2. TLE WE TREET ADDRESS	Period agent, or both, in an familiar with, and accept signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE.	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was al on 607.0505, Flor Ible. (NOTE: RS	Registered A 13. 1.1 TTTL 1.2 NAA 1.3 STFR	es	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT	ORS IN 12
office or r agent. 1 a IGNATURE IGNATURE IGNATURE INCE INCE INCE INCE INCE INCE INCE INC	registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFI P MARTINO, CAROL	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was al on 607.0505, Flor Ible. (NOTE: RS	Registered A 13. 1.1 TTTL 1.2 NAA 1.3 STFR	es gent signature requir E IE EET ADDRESS /-ST-ZIP	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT	DRS IN 12
office or r agent. I a IGNATURE 2. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	Performance agent, or both, in an familiar with, and accept signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE.	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was au on 607.0505, Flor ble. (NOTE: SS	Registered A 13. 1.1 TTL 1.2 NAA 1.3 STR 1.4 CFT	es	ad when reinstating)	DATE ERS AND DIRECT	DRS IN 12
office or r agent. I a SIGNATURE 2. TLE WE PREET ADDRESS TY-ST-ZIP TLE WE	registered agent, or both, in am familiar with, and accept the second registered reported name of re- OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was au on 607.0505, Flor ble. (NOTE: SS	Incore 2017 Registered A 13. 1.1 TTL 12 NAA 1.3 STR 1.4 CTT 2.1 TTR 2.2 NAA 2.3 STR	esees	ad when reinstating)	DATE ERS AND DIRECT	DRS IN 12
office or r agent. I a IGNATURE 2. TLE WE IREET ADDRESS TY-ST-ZIP TLE WE IREET ADDRESS TT-ST-ZIP	registered agent, or both, in am familiar with, and accept the second registered reported name of re- OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor Net. (NOTE: 25 DELETE	Incore 2017 Registered A 13. 1.1 TTL 12 NAA 1.3 STR 1.4 CTT 2.1 TTR 2.2 NAA 2.3 STR	esees	ad when reinstating)	DATE ERS AND DIRECT	ORS IN 12
office or r agent. I a signATURE 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE REET ADDRESS TT-ST-ZIP TLE	registered agent, or both, in am familiar with, and accept the second registered reported name of re- OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was au on 607.0505, Flor ble. (NOTE: SS	Interference Registered A 13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.1 STR 2.3 STR 2.3 STR 2.4 CIT	es. gent signature requir E E EET ADDRESS /- ST-ZIP E EET ADDRESS Y- ST-ZIP E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT Change	ORS IN 12
office or r agent. I a signATURE 2. TLE TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TT-ST-ZIP TLE AME	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor Net. (NOTE: 25 DELETE	Interface Registered A 13. 1.1 TTL 12 NAM 1.3 STFR 1.4 CTT 2.1 TTR 2.2 NAM 2.3 STF 2.4 CTT 3.1 TTR 3.2 NAM	es. gent signature requir E E EET ADDRESS /- ST-ZIP E EET ADDRESS Y- ST-ZIP E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT Change	ORS IN 12
office or r agent. I a SIGNATURE 2. TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE: 235 DELETE DELETE DELETE	Income Income<	es. gent signature requir E E E E E E E E E E E E E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECTI Change	ORS IN 12 Addition
office or r agent. I a SIGNATURE 2. TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor Net. (NOTE: 25 DELETE	Incomposition Registered A 13. 1.1 TTL 12 NAM 1.3 STF 1.4 CFT 2.1 TTL 2.2 NAM 2.3 STF 2.4 CFT 3.1 TTL 3.2 NAM 3.3 STF 3.4 CFT 3.4 CFT	es. gent signature requir E E E E E E E E E E E E E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECT Change	ORS IN 12
office or r agent. I a signATURE 2. TRE TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE: 235 DELETE DELETE DELETE	Incomparison Registered A 13. 1.1 TTL 12 NAM 1.3 STF 1.4 CFT 2.1 TTL 2.2 NAM 2.3 STF 2.4 CFT 3.1 TTL 3.2 NAM 3.3 STF 3.4 CFT 4.1 TTTL 4.2 NAM	es. gent signature requir E E E E E E E E E E E E E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECTI Change	ORS IN 12 Addition
office or r agent. 1 a SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE: 235 DELETE DELETE DELETE	Incore 200 Inida Statution 1 1 13 1.1 12 13 1.1 12 13.5 14 15 14 15 14 15 14 15 14 15 14 17 17 18 17 17 18 17 18 17 18 17 18 17 17 17 17 17 17 18 17 17 18 17 17 17 17 17 17 17 17	agent signature requir	ad when reinstating)	DATE ERS AND DIRECTI Change	DRS IN 12
office or r agent. I a SIGNATURE 2. TRE TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS	registered agent, or both, in am familiar with, and accept f Signature, typed or printed name of re OFFI P MARTINO, CAROL 144 SEMINOLE AVE. PALM BEACH FL 3348	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE: 235 DELETE DELETE DELETE	Incomparison Registered A 13. 1.1 TTL 12 NAM 1.3 STF 1.4 CFT 2.1 TTL 2.2 NAM 2.3 STF 2.4 CFT 3.1 TTL 3.2 NAM 3.3 STF 3.4 CFT 4.1 TTTL 4.2 NAM 4.3 STF 3.4 CFT 5.1 TTL	by the corporation gent signature require E IE IE KE EET ADDRESS Y-ST-ZIP E	ad when reinstating)	pose of changing its e appointment as re DATE ERS AND DIRECTI Change	ORS IN 12 Addition
office or r agent. 1 a signATURE 7. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	registered agent, or both, in am familiar with, and accept the second registered registe	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE	Image Image Inida Statu Inida Statu Inida Statu 13 1.1 TTL 12 NAA 1.3 STF 1.4 CFT 2.1 TTR 2.2 NAA 2.3 STF 2.4 CFT 3.1 TTR 3.2 NAA 3.3 STF 3.4 CFT 4.1 TTR 4.3 STF 4.4 CFT 5.1 TTR 5.2 NA4	agent signature requir	ad when reinstating)	DATE ERS AND DIRECTI Change	DRS IN 12 Addition
office or r agent. 1 a iGNATURE 2. TLE WME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	registered agent, or both, in am familiar with, and accept the second registered registe	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE	Image Image Inical Statution 13. 1.1 TTL 12 NAA 1.3 STF 1.4 CTT 1.4 CTT 2.1 TTR 2.3 STF 2.4 CTT 3.1 TTR 3.2 NAA 3.3 STF 3.4 CTT 4.1 TTR 4.2 NAA 4.3 STF 5.3 STF	by the corporation gent signature require E IE IE KE EET ADDRESS Y-ST-ZIP E	ad when reinstating)	DATE ERS AND DIRECTI Change	DRS IN 12 Addition
office or r agent. 1 a signATURE 7. TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	registered agent, or both, in am familiar with, and accept the second registered registe	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	Ch Change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE	Image Image Inical Statution 13. 1.1 TTL 12 NAA 1.3 STF 1.4 CTT 1.4 CTT 2.1 TTR 2.3 STF 2.4 CTT 3.1 TTR 3.2 NAA 3.3 STF 3.4 CTT 4.1 TTR 4.2 NAA 4.3 STF 5.3 STF	agent signature requir	ad when reinstating)	DATE ERS AND DIRECTI Change	DRS IN 12 Addition
office or r agent. I a BIGNATURE 2. TRE TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE AME TREET ADDRESS ITY-ST-ZIP TRE TREET ADDRESS ITY-ST-ZIP	registered agent, or both, in am familiar with, and accept the second registered registe	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE DELETE	Image Image Initial Statution 13. 1.1 TTL 12 NAA 1.3 STF 1.4 CTT 1.4 CTT 2.1 TTR 2.2 NAA 2.3 STF 3.3 STF 3.4 CTT 4.1 TTR 4.2 NAA 4.3 STF 5.1 TTR 5.2 NAA 5.3 STF 5.4 CTT 5.1 TTR 5.2 NAA 5.3 STF 5.4 CTT 6.1 TTR 6.2 NAA 5.2 NAA	es. gent signature requir E E E E E E E E E E E E E	ad when reinstating)	DATE ERS AND DIRECT Change	DRS IN 12 Addition Addition Addition Addition Addition
office or r agent. 1 a signATURE 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	registered agent, or both, in am familiar with, and accept the second registered registered removes a second remove of the second removes a se	the state of Florida. Sur the obligations of, Sectin relatived agent and litle if applica CERS AND DIRECTOR	ch change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE DELETE	Iteration Iteration Registered A 13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT 1.4 CIT 2.1 MAA 2.3 STR 2.4 CIT 3.3 STR 3.3 STR 3.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.3 STR 3.4 CIT 5.1 TITL 5.2 NAV 5.3 STR 5.4 CIT 6.1 TITL 6.3 STR	by the corporation gent signature require E IE EET ADDRESS /-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E KE EET ADDRESS Y-ST-ZIP E KE KE KE KE KE KE KE KET ADDRESS Y-ST-ZIP E AE KEET ADDRESS Y-ST-ZIP E AE KEET ADDRESS	ad when reinstating)	DATE ERS AND DIRECT Change	DRS IN 12 Addition Addition Addition Addition Addition
office or r agont. 1 a iGNATURE 2. TLE WE TREET ADDRESS TY-ST-ZIP TLE ME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	registered agent, or both, in am familiar with, and accept the second registered registered registered removes the second registered removes a second remov	the State of Florida. Sur the obligations of, Sector spistered agent and title if applica CERS AND DIRECTOR	<pre>ch change was au on 607.0505, Flor ble. (NOTE: ISS DELETE DELETE DELETE DELETE DELETE DELETE DELETE</pre>	Image Image Registered A 13. 1.1 TTL 12 NAA 1.3 STF 1.4 CTT 1.4 CTT 2.1 TTL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TTL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TTL 4.2 NAA 4.3 STF 3.4 CIT 5.1 TTL 5.2 NAU 5.3 STF 5.4 CIT 6.1 TTL 6.3 STF 5.4 CIT	gent signature requir ees. gent signature requir E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFFIC	pose of changing its e appointment as re DATE ERS AND DIRECTI Change	DRS IN 12 Addition Addition Addition Addition Addition Addition Addition
office or r agent. 1 a iGNATURE 2. LE ME REETADDRESS IV-ST-ZIP LE ME REETADDRESS IV-ST-ZIP TLE WE REETADDRESS IV-ST-ZIP TLE WE REETADDRESS IV-ST-ZIP TLE WE REETADDRESS IV-ST-ZIP TLE WE REETADDRESS IV-ST-ZIP TLE	registered agent, or both, in am familiar with, and accept familiar with, and accept for or formed name of response of the original strength of th	upplied with this filling do	ch change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE DELETE DELETE	Image Image Initial Statution 13. 1.1 TTL 12 NAA 1.3 STF 1.4 CTT 1.4 CTT 2.1 TTR 2.2 NAA 2.3 STF 2.4 CTT 3.1 TTR 3.2 NAA 3.3 STF 3.4 CTT 4.1 TTR 4.2 STF 5.4 CTT 5.3 STF 5.4 CTT 6.1 TTTR 5.2 NAV 6.3 STF 6.4 CTT 1.1 TTR 6.4 CTT	es. gent signature requir E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFFIC	pose of changing its e appointment as re DATE ERS AND DIRECTI Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition Addition Addition Addition
office or r agent. 1 a GNATURE GNATURE LE ME REETADDRESS Y-ST-ZIP LE ME REETADDRESS Y-ST-ZIP LE ME REETADDRESS Y-ST-ZIP LE ME REETADDRESS Y-ST-ZIP LE ME REETADDRESS Y-ST-ZIP LE ME REETADDRESS Y-ST-ZIP LE ME	registered agent, or both, in am familiar with, and accept familiar with, and accept for or formed name of response of the original strength of th	upplied with this filing dr	ch change was au on 607.0505, Flor ble. (NOTE SS DELETE DELETE DELETE DELETE DELETE DELETE	Image Image Initial Statution 13. 1.1 TTL 12 NAM 1.3 STF 1.4 CFT 1.4 CFT 2.1 TTL 2.2 NAM 2.3 STF 2.4 CFT 3.1 TTL 3.2 NAM 3.3 STF 3.4 CFT 4.1 TTL 4.3 STF 5.1 TTL 5.2 NAM 5.3 STF 5.4 CFT 5.1 TTL 5.3 STF 5.4 CFT 6.1 TTL 6.2 NAM 6.3 STF 6.4 CFT 6.4 CFT 6.1 TTL 6.2 NAM 6.3 STF 6.4 CFT 6.1 TTL	agent signature requir es. gent signature requir E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OFFIC	pose of changing its e appointment as re DATE ERS AND DIRECTI Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition Addition Addition Addition

CR2E034 (11/98)