SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000391

1. Corporation Name

JACK DARLING STABLES LIMITED COMPANY

97 SEP 26 18 8:58

SECREWRY OF STATE TALE AMASSEE FLORIDA



Molero, CANDAN NA - 628 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 2 Pincipal flace of Business Sub. Apr. 4, etc. 3 Pincipal flace of Business Sub. Apr. 4, etc. 5 Sub. Apr. 4, etc. 6 Sub. 4										
WINDSOR. ONTARIO. CANADA NSA 428 WINDSOR. ONTARIO. CANADA NSA 428 Jan. Principal Place of Rusiness 2a. Mailing Audroises 2b. Sub. April 40. C. 2b. Sub. April 40. C. 2c. Principal Place of Rusiness 2c. Sub. April 40. C. 2c. Principal Place of Rusiness 2d. Sub. April 40. C. 2d. Coully 2d. Sub. Sub. Sub. Sub. Sub. Sub. April 40. C. 2d. Coully 2d. Sub. Sub. Sub. Sub. Sub. Sub. Sub. Sub	•		_							
2. Principal Place of Business 2a. Making Address 2b. Making Address 2a. Making Address 2b. Making Address					ADA NA A*					
2. Pincipal Piace of Business 2a. Mailing Authorses 2b. Mailing Authorses	WINDSOR, ONL	ARIO. CANADA N9A -626	WINUSOR, ONL	AHIU. GANA	AUA NSA -62	b	DO NOT MIDITE IN THIS SDACE			
Principal Place of Business 2a Mediang Address 2e 8300 DISPUTED ROAD Selection of Status Desired Feet Application										
Supplementary Supplementar								Dan Date of	Last rioport	
Suine, Api #, etc. Suine, Api #, etc. Suine Suine, Api #, etc. Suine,	2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address					Applied For	
City & State 20 City & State 20 City & State 20 City & State 20 City & State 20 Country 20 Country 20 Country 20 Country 20 Enter and Address of Current Registered Agent WEST, GREG 300 NW 30TH CT #205 POMPANO BCH FL 33064 10. Name and Address of New Registered Agent WEST, GREG 300 NW 30TH CT #205 POMPANO BCH FL 33064 11. Auxiliary in the provisions of Sections COV 0802 and 607 1508. Florids Statutes, the above named corrobation submits this statement for the purpose of changing its registered agent. In the provisions of Sections COV 0802 and 607 1508. Florids Statutes, the above named corrobation submits this statement for the purpose of changing its registered agent. In the provisions of Sections COV 0802 and 607 1508. Florids Statutes, the above named corrobation submits this statement for the purpose of changing its registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with, and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with a decapt the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment as registered agent. In the minimal with and except the delapointment and the minimal wi	21		26 8300	DISPU'	TED ROA	AD.	98-0128929 Not Applicable			
City & State 28] City & State 29		#, etc.	k1	City & State			5. Certificate of Status Desired	□ \$		
Zip		0								
Zpp Zpp Zp Zp Zp Zp Zp	·	0								
B. Name and Address of Current Registered Agent WEST, GREG 300 NN 30TH CT #2005 POMMAND BCH FL 33064 11. Pursuant to the provisions of Seations 607,0007 And 607,1508 (boilds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. 11. Pursuant to the provisions of Seations 607,0007 And 607,1508 (boilds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the old signation of Section 607,0007 And 607,1508 (boilds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the old signation of Section 607,0007 And 508, floridal Statutes, the corporation's board of directors. Thereby accept the appearance in the speciment is segment at an femiliar with, and accept the old signation of Section 607,0007 And 508, floridal Statutes, the corporation's board of directors. Thereby accept the appearance in segment at the purpose of changing its registered agent. I am femiliar with, and accept the old signation of Section 607, floridal Statutes, the corporation's board of directors. Thereby accept the appearance in segment at the section of Statutes, and the purpose of the pu		Country			T					
WEST, QREG 300 NN 30TH CT #205 POMPANO BCH FL 33064 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0507 and 607.1508. Floridal Statures, the above-hamed 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 subvivored by the 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 subvivored by the 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 subvivored by the 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 subvivored by the corporation submits this statement for the purpose of changing its registered office or registered adentification in the purpose of changing its registered office or registered adentification submits this statement for the purpose of changing its registered office or registered and directors. I hereby accept the appointment as registered office or registered and directors. I hereby accept the appointment as registered office or registered and directors. I hereby accept the appointment as registered office or registered and directors. I hereby accept the appointment as registered office or registered and registered and directors. I hereby accept the appointment as registered of the corporation submits and directors. I hereby accept the purpose of changing its registered office or registered and directors. I hereby accept the purpose of changing its registered office and directors. I hereby accept the purpose of changing its registered office and change its registered and directors. I hereby accept the purpose of changing its registered office and changing its registered office. 1	_ , '	· · · · · · · · · · · · · · · · · · ·	<u> </u>	7.6		*		_		
SIGNATURE T1. Pursuant to the provisions of Sections 607 0.002 and 607 1508. Florida Statues, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the Static of Florida Statues, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the Static of Florida Statues, the above named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the oblightness of, Section 107 0505, Florida Statues, the above named corporation's board of directors. I hereby accept the appointment as registered agent					1991				ıt	
SIGNATURE T1. Pursuant to the provisions of Sections 607 0.002 and 607 1508. Florida Statues, the above named corporations submits this statement for the purpose of changing its registered agent, or both, in the State of Torida. Such change was authorized by the corporation's submits this statement for the purpose of changing its registered agent, are familiar with, and accept the objectives of, Section 107 0506, Florida Statues, the above named corporation's submits this statement for the purpose of changing its registered agent, are familiar with, and accept the objectives of, Section 107 0506, Florida Statues, the above named corporation's submits this statement for the purpose of changing its registered agent ag	WES	T. GREG			81	Name				
POMPANO BCH FL 33064 10 10 10 10 10 10 10 1					_	<u> </u>	(6 0 B N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1		
11. Pursuant to the provisions of Sections 607.0502 and 607 1508 Florida Statutes, the above area discreted registered agent, or both, in the State of Florida Statutes, the above area discreted by the corporation's board of directors. Hereby accept the appointment as registered agent, and accept the catignations of, Section 607 6056, Florida Statutes.					82	Street Add	aress (P.O. Box number is not Acceptab	10)		
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.5508. Florida Statutes, the above named corporation's board of directors. Hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 607.6506. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICE RS AND DIRECTORS 12. OFFICE RS AND DIRECTORS 13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP DARLING, JOHN BARTLE STREET ADDRESS STREET ADDRESS OFF. SECTION CHUNCH RD MINDSOR, ONTARIO, CANADA N9A -626 DELETE 21 TITLE DELETE 31 TITLE DEL	. • • • • • • • • • • • • • • • • • • •				63					
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.5508. Florida Statutes, the above named corporation's board of directors. Hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 607.6506. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICE RS AND DIRECTORS 12. OFFICE RS AND DIRECTORS 13. ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP DARLING, JOHN BARTLE STREET ADDRESS STREET ADDRESS OFF. SECTION CHUNCH RD MINDSOR, ONTARIO, CANADA N9A -626 DELETE 21 TITLE DELETE 31 TITLE DEL					L	<u> </u>				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered appoint, or originated agent, or both, in the State of Florida. Such change was submitted by the companion's board of directors. I hereby accept the appointment as registered appoint. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. OFFICERS AND DIRECTORS 11. ITIE NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NAME 15. SAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. NAME 18. SAME 18. SAME					84	City			Zip Code	
office or registered agent, or both, in the State of Florida, Such change was sulforzed by the corporation's board of directors. I hereby accept the appointment as registered agent and amine are inclingations of, Societion 607/5056, Florida Statutor, and accept the originations are inclinations. Signature DP	11 Purcuant	to the provisions of Sections 607 050	12 and 607 1508 Flo	rida Statut	les the abov	e-named col	rooration submits this statement for the r		L paina its reaistere	
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DARING, JOHN BARTLE 540 HURON CHURCH RD WINDSOR, ONTARIO, CANADA N9A -676 TITLE 12. NAME 5540 HURON CHURCH RD WINDSOR, ONTARIO, CANADA N9A -676 TITLE 12. NAME 544 OHLYS.1-2P WINDSOR, ONTARIO, CANADA N9A -676 TITLE 12. NAME 578ET ADDRESS CITY-S1-2P 12. NAME 578ET ADDRESS TITLE 12. NAME 578ET ADDRESS CITY-S1-2P 12. NAME 13. NAME 14. CITY-S1-2P 17. III.E 17. III.E 17. III.E 17. III.E 17. S1-2P 17. III.E 17. III	office or r	registered agent, or both, in the State	of Florida, Such ch	anne was :	authorized b	v the comora	ation's board of directors. I hereby accep	t the appoint	nent as registered	
Signature, Speed or period tame of registered agrier and time it aspire able Delicit	agent. I a	im familiar with, and accopt the oblig	ations of, Section 60	77.0505, FR	onda Statute	S.				
12. OFF ICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DARLING, JOHN BARTLE STREET ADDRESS CITY-ST-2P WINDSOR, ONTARIO, CANADA N9A -828 UNDSOR, ONTARIO, ONTARIO, CANADA N9A -828 UNDSOR, ONTARIO, CA	SIGNATURE	Classitive typed or printed name of registrand ag	out and title it soul cable	TOWN	F : Florietzend Ar	ent sinnalure reni	(ired when reinstating)	DATE		
THE DARLING, JOHN BARTLE SAME STREET ADDRESS CITY-ST-2P TITLE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MAKE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MAKE MAKE MINDSOR, ONTARIO, CANADA NSA -626 TITLE MINDSOR, ONTARIO, CANADA NA -626 TITLE MINDSOR, ONTARIO, CANAD	12			11101		or K organization			ECTORS IN 12	
NAME STREET ADDRESS CITY. ST. 2PP WINDSOR, ONTARIO, CANADA N9A -626 DELETE AME SAME SAME SAME SAME SAME SAME SAM				DELETE	1.1 TITLE		CAMP	X	Change Addition	
STREET ADDRESS OTTY-ST-ZPP WINDSOR, ONTARIO, CANADA N9A - 8Z6 TITLE DELETE ZY NAME STREET ADDRESS OTTY-ST-ZPP TITLE DELETE ZY NAME STREET ADDRESS STRE		DARLING, JOHN BARTLE			1.2 NAME					
CITY-SI-7P WINDSOR, ONTARIO, CANADA N9A -628 ITILE DELETE 21 TILE WINDSOR, ONTARIO, CANADA N9A -628 ITILE WINDSOR, ONTARIO, CANADA N9A -628 ITILE WINDSOR, ONTARIO, CANADA N9A -628 14 CITY-SI-7P VINDSOR, ONTARIO, CANADA N9A -628 22 NAME 22 NAME 22 NAME 24 CITY-SI-7P TITLE DELETE 31 TILE 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-SI-7P TITLE NAME 42 NAME 42 NAME 43 STREET ADDRESS CITY-SI-7P TITLE DELETE 51 TILE Change Addition Addition NAME STREET ADDRESS CITY-SI-7P DELETE 51 TILE Change Addition Addition Change Addition Addition Addition Addition Addition Change Addition Add		ESAN MINDOM CHINDON DO								
THE DELETE 21 TITLE 22 NAME 21 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 25 NAME 25 N			N9A -6Z6				8300 Disputed Road			
NAME				DELETE		Q1 En	Windsor Onterio G	anada i	NAA 626 221	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ACTIV-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE DELETE 5.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE Change Addition Addit			_							
CITY-ST-ZIP TITLE DELETE 3.1 TINLE 3.2 NAME 3.2 NAME 1.0 / 0.1 / 9.7 - 0.1 0.86 - 0.0 6 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TINLE DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TINLE DELETE 5.1 TINLE DELETE 5.1 TINLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 1.1 TITLE 1.2 Change Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE 1.1 Ido hereby certify that the information supplied with this filling closs not qualify for the exemption stated in Section 119.07(3)(1), Florida Statules. I further cortify that the information indicated on this annual report or superplantal argual report is true expressed and that my signature shall have the same legal effect as if made under oath, that a lam an officer or director of the opporation of purpower of the exemption stated and hat my signature shall have the same legal effect as if made under oath, that a lam an officer or director of the opporation of purpower of the exemption of superplantal argual report is superplantal and hard my signature shall have the same legal effect as if made under oath, that a lam an officer or director of the opporation of purpower of purpower of purpower of province of purpower of pur						T ADDRESS				
TITLE MAME 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ACTIV-ST-ZIP TITLE DELETE 44 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE Change Addition AMME 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE Change Addition Addition AMME 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cortify that the information indicated on this annual report or suppropertial annual report is true grid 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 expression of properties of province of provincery do execute this report as required by Chapter 607, Florida Statutes, and that my rame						!		A CONTRACTOR OF THE PARTY OF TH		
STREET ADDRESS STRE			П	DELETE		<u> </u>	0000023	30:90	al nel	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AA CITY-ST-ZIP TITLE A4 CITY-ST-ZIP A4 CITY-ST-ZIP TITLE A3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE AAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE AAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further cortify that the information indicated on this annual report or supprior that any analysis of the exemption stated in Section 119.07(3)(i), Florida Statules. I further cortify that the information indicated on this annual report or supprior that the same legal effect as if made under oath, that I am an officer or director of the porporation of the Section of the Section 119.07(3)(i), Florida Statules. I further cortify that the Information indicated on this annual report or supprior of the exemption stated in Section 119.07(3)(i), Florida Statules. I further cortify that the Information indicated on this annual report or supprior of the exemption stated in Section 119.07(3)(i), Florida Statules. I further cortify that the Information indicated on this annual report or supprior as required by Chaplete COT, Florida Statulos, and that my name						İ	-10/01/	97010:	36006	
CITY-ST-ZIP 3.4. CITY-ST-ZIP 1TILE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 SIREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 SIREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with bis filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Stables. I further certify that the information indicated on this annual report or supprepared and parties and that my signature shall have the same legal effect as if made out or oath, that I am an officer or direct or direct or the periport on a superport of powerus to be oxecute this report as required by Chapter 607, Florida Stables, and that my name						T ADDRESS	非非常服 <u>罚</u>	0.00 **	**550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS G.3 STREET ADDRESS G.3 STREET ADDRESS G.4 CITY-ST-ZIP THE G.7 STREET ADDRESS G.5 STREET ADDRESS G.5 STREET ADDRESS G.6 STREET ADDRESS G.7 ST-ZIP THE G.7 STREET ADDRESS G.8 STREET ADDRESS G.9 STREET ADDRES					i i	1				
NAME STREET ADDRESS CITY - ST-ZIP TITLE DELETE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY - ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY - ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.3 STREET ADDRESS CITY - ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY - ST-ZIP 14. I do hereby certify that the information supplied with bis filling closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the Information indicated on this annual report or supplemental annual report is time and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature shall have the same legal effect as if made under oath; that I am an officer or director of the expoperation and the my signature s				DELFTE		J. Ln			Change Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition 1. The Change Addition Add			_	-		. 1		_		
CITY-ST-ZIP TITLE DELETE 5.1 TITLE S2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling closs not qualify for the examption stated in Section 119.07(3)(i), Fiorida Statules. I further certify that the information indicated on this annual report or superpental 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 porporation and prepared to execute this report as required by Chapter 607, Florida Statules; and that my name										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition The control of the port of the port of a support of a sup										
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 0.1 TITLE SA CITY-ST-ZIP Change Addition 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling closs not qualify for the examption stated in Section 119.07(3)(i), Fiorida Statules. I further certify that the information indicated on this annual report or supplied and 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 emporation made beceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name				DELETE		51 68			Change	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 0.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling closs not qualify for the examption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplied and an under oath; that I am an officer or director of the proportion at the expective of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name	1	1				1				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the porporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statules, and that my name						1 ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling closs not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplied 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 porporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name										
NAME STREET ADDRESS CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling closs not qualify for ttg exemption stated in Section 119.07(3)(i), Fiorida Statules. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the porporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name			П	DELETE		V. E.			Change	
STREET ADDRESS CITY-ST-ZIP 14. I do 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 supplied 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 porporation or pic receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name									, <u>—</u>	
6.4 CUY-ST-ZIP 14. I do hereby certify that the information supplied with this filling closs 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						1 ADORECC		1/)		
14. I do hereby certify that the information supplied with this filing closs not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the exercise entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	•						()	\mathcal{U}		
information indicated on this annual report or supprendental annual report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the porporation of the peceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	14. Ldo bere	L by certify that the information supplie	ed with this filing doe	s not quali	ifv for the ex	emption state	ed in Section 119.07(3)(i). Florida Statule	s. I further cer	lify that the	
am an onicer or oriector of the porporation prize receiver oritrostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanded, or or an attachment with an address.	informatio	on indicated on this annual report or	supplemental annua	l rep o it is t	true and acc	urate and the	at my signature shall have the same lega	l effect as if m	ade under oath; th	
	nam an o	oncer or director of the appropriation a in Block 12 or Block 13 if chanded, or	n are receiver of trus	tee empov with⊒kn add	verekt to exe drøss	cute tris rept	on as required by Chapter 607, Florida S	เสเนเบร; สกน โโ	аству нате	

JOHN B. DARLING (519)734-0374