Built, Ap.L. #, etc.     Source, Ap.L. #, etc.       City & State     City & State     City & State     Source, Ap.L. #, etc.     Source, Ap.L		PROFIT RPORATION JAL REPOI <b>1997</b>				. Mortham ry of State	•	Feb 14 Secre	1997 8 tary of	
REE FL 34120     NAPLES FL 341202517       Principal Place of Businese     2a. Mailing Address       2a. Mailing Address     4. FEI Number       2a. Mailing Address     4. FEI Number       2a. Mailing Address     4. FEI Number       2a. Mailing Address     91-1474664       30.ac. Apil. 4. etc.     20       2a. Country     5. Octuber (Class of Batus Desired       2a. Country     6. Election Campaign Financing       2a. Country     2a. State       2a. Country     2a. State       2b. Rame and Address of Current Registered Agent     10. Name and Address of Item Registered Agent       3b. Rame and Address of Current Registered Agent     10. Name and Address of Item Registered Agent       3b. Rame and Address of Current Registered Agent     10. Name and Address of Current Registered Agent       3b. Rame and Address of Current Registered Agent     10. Name and Address of Current Registered Agent       3b. Rame and Address of Current Registered Agent     10. Name and Address of Current Registered Agent       3c. Rame and Address of Current Registered Agent     10. Name and Address of Current Registered Agent       3c. Rame and Address of Current Registered Agent     10. Name and Address (P.C. Box Number is Not Acceptable)       3c. Rame and Address of Current Registered Agent     10. Name address (P.C. Box Number is Not Acceptable)       3c. Rame address of Current Registered Agent     10. Name	Rashan	ITI RACING								
Principal Place of Business     Za.     Mailing Address     4. FEI Number     Applied       Suite, Art. #, elc.     Suite, Apt. #, elc.     Status Desired     Fase Requires       City & State     E. Cectrificate of Status Desired     Fase Requires     Status Desired     Fase Requires       Zip     Country     2     Country     B. Election Companying Prancing     Status due to fase       Zip     Country     2     Country     B. The corporation has tability for gangabits to worder a 1992       Zip     Country     B. The corporation has tability for gangabits to worder a 1992       Bessp Fill.CAR BAY BUX, #300     Fat       NAPLES FL 34108     Fat       Bessp Fill.CAR BAY BUX, #300     Fat       Name     Fat Interior with a decorpt the restor of Flocad. Status Rep. Hasher demonstrate depresention to barrie the statement for the counce of charles and charling in the statement for the counce of charles and charles for State Represention to barrie the statement for the counce of charles and completion statement for the counce of charles and charles for State Represention to barrier the statement for the counce of charles and charles for State Represention to the province of decisions 807 2002 and 607 5005. Forded Status for the charles and endotions of the restor of State Represention to the province of decisions and completion to and for the charles and there represention of the restor of the charles and there ret								3. Date incorporated or Qualified	3a. Date of Last f	Report
26     91-1474684     In Ket App       20/6. Apl. 4, etc.     27     S. Cartificate of Status Depired     \$8.75 Addits       20/6. State     City & State     City & State     State Function     \$8.75 Addits       20/7     Country     29     20     State Function     \$8.75 Addits       20/8. State     City & State     Exection Compary Financing     \$5.00 May technological state function     \$1.00 May technological state function       20/8. Apl. 4, etc.     28     29     30     This copromises the state function     \$1.00 May technological state function       21/8. Apl. 4, etc.     29     30     This copromise the state function     \$1.00 May technological state function     \$1.00 May technological state function       31/8 Addition     29     30     This copromise the state function     \$1.00 May technological state function     \$1.00 Ma	Principal F	Place of Busines	55	28	. Mailing Address			12/16/1996	····	pplied For
27     S. Commos do status Deered     Fee Requires       20/y & State     City & State     6. Election Campaign Financing     Xedded by Election Campaign Financing       20/y     Zip     Zip     Country     2       28     29     30     Foir da Status     Vis & State       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       08.889 FELLONE BAY BLVD, #300     41     Name     10. Name and Address of New Registered Agent       08.90 FELLONE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       8.2     Street Address (P.C. Box Number is Not Acceptable)     42       9.10 FLOE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       9.10 FLOE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       9.10 FLOE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       9.10 FLOE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       9.10 FLOE BAY BLVD, #300     42     Street Address (P.C. Box Number is Not Acceptable)       9.10 FLOE BAY BLVD, #300     42     51     51       9.10 FLOE BAY BLVD, #300     52     52     52       9.11 FL     11     11     11       10 FLE BA	· · · · · · · · · · · · · · · · · · ·				_			91-1474664	N	ot Applicable
Dity & State     Clip & State     6. Election Compaging Francing     \$5:00 May t       Signed     Zip     Country     Zip     Country     6. Trust Fund Contribution     Added to Feed       0. Name and Address of Current Registered Agent     5.00 May t     State     Dity & State     Dity & State     Dity & State       0. Name and Address of Current Registered Agent     5.00 May t     State     Dity & State     Dity & State     Dity & State       0. Name and Address of Current Registered Agent     5.00 May t     State     Dity & State	uite, Apt.	. <b>#, e</b> tc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		
Image: set and Address of Current Registered Agent     To: Reme and Address of New Registered Agent       0. Name and Address of Current Registered Agent     10. Reme and Address of New Registered Agent       CAHLICK, THOMAS B ESO B889 PELICAN BAY BLVD., #300 NAPLES FL 34108     51       Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent of blorida registered agent of blorida, Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent and intervent with, and accept the obligators of Sections 07 0505. Florida Statutes.       VATURE     Signature, typed agent of agentation of registered agent and provide agent agent and provide agent agent and provide agent agent and provide agent agent and provides agent ag		te			- 		······		\$5.00	May Be
b. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       GARLICK, THOMAS B ESO Bees PELICAN BAY BLVD., #300 NAPLES FL 34106     110. Name and Address of New Registered Agent       BY     Name       BY     Name       BY     Name       BY     Name       BY     Name       BY     Name       BY     Street Address (P.O. Box Number is Not Acceptable)       BY     BY       BY     BY       BY     City       BY     BY        BY     BY	ΪÞ	· · · · ·		29	Zip					s. <b>199</b> .032,
GARLEA, HOMAS & ESU George FLCAN BAY BLYD, #300 NAPLES FL 34100 FU/Fuzient to the provisions of Sections 607 0000 forefaces (P.C. Box Number is Not Acceptable) FU/Fuzient to the provisions of Sections 607 0000 forefaces Such change was authorized organized submitter with and accept the object of the provisions of Section 607 0000 forefaces Such change was authorized organized submitter with and accept the object of submitter with a submitter with and accept the object of submitter with a submit			- 1		stered Agent					
City     FL     S     S     Zip Code     Sections 607.0502 and 607.1508, FLorida Statutes, the above-named corporation submits this statement for the purpose of changing its regit     Diffice or regulators of sections 607.0502 and 607.1508, FLorida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as regist     appoint and temptations of Section 607.0506, Florida Statutes     (NOTE Registeed Agent agoint or regulators of directors. Thereby accept the appointment as regist     Section 607.0506, Florida Statutes     (NOTE Registeed Agent agoint or regulators of Derivers. Thereby accept the appointment as regist     Section 607.0506, Florida Statutes     (NOTE Registeed Agent agoint or regulators of Derivers. Thereby accept the appointment as regist     OFFICERS AND DIRECTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     DELETE     11TILE     DELETE     11TILE     DELETE     10610 IMMOKALEE RD.     Softer Adoress     Softer Ad	8889 PELICAN BAY BLVD., #300				82 St		2 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
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 submits above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objective agent and the Phote Registered Agent grades and the Phote Registered Agent agrates agrate									lest 75	0.4
E       HEERTJE, GABRIELE 10610 IMMOKALEE RD. NAPLES FL 34120       12 NAME 13 STREET ADDRESS         SIT-ZIP       DELETE       21 TITLE         E       22 NAME 23 STREET ADDRESS       Change         SIT-ZIP       24 CITY-ST-ZIP         E       22 NAME         SIT-ZIP       DELETE         DELETE       31 TITLE         Change       //         SIT-ZIP       DELETE         DELETE       31 TITLE         Change       //         E       23 STREET ADDRESS         SIT-ZIP       Change         DELETE       31 TITLE         SIT-ZIP       Change         DELETE       41 TITLE         SIT-ZIP       Change         SITHET ADDRES	Pursuant	to the provision	ns of Sections 607.05(	02 and 6	607.1508, Florida Statu	tes, the abov	ve-named co	rporation submits this statement for the	FL purpose of changing	its registered
ET ADDRESS       10610 IMMOKALEE RD.       1 3 STREET ADDRESS         SIT-ZIP       I d OTY-ST-ZIP         I DELETE       21 TITLE         ZI ADDRESS       23 STREET ADDRESS         SIT-ZIP       I DELETE         ZI ADDRESS       23 STREET ADDRESS         SIT-ZIP       I DELETE         ZI ADDRESS       23 STREET ADDRESS         SIT-ZIP       I DELETE         I DELETE       31 TITLE         ZI ADDRESS       I DELETE         SIT-ZIP       I DELETE         I DELETE       31 TITLE         ZI ADDRESS       I DELETE         SIT-ZIP       I DELETE         I DELETE       31 TITLE         ZI ADDRESS       I DELETE         SIT-ZIP       I DELETE         I DELETE       AL CITY-SIT-ZIP         I DELETE       41 TITLE         I DELETE       43 STREET ADDRESS         SI -ZIP       I DELETE         I DELETE       51 TITLE	office or agent 1 i	registered agei am familiar with	nt, or both, in the State , and accept the oblig printed name of registered ag	e of Flori gations o gent and little	da. Such change was If, Section 607.0505, Fl Happlicable [NO	tes, the abov authorized b lorida Statute	ve-named corporation of the corp	ation's board of directors. I hereby acce	PL   purpose of changing pot the appointment at DATE	its registered s registered
DELETE       21 TILE       Change       //         22 NAME       23 STREET ADDRESS       24 CITY-ST-ZP         21 ADDRESS       24 CITY-ST-ZP	office or agent 1 i NATURE	registered ager am familiar with Signature, typed or <b>PVST</b>	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN	e of Flori gations o gent and little	da. Such change was f, Section 607.0505, Fl P applicable (NO CTORS	tes, the above authorized be lorida Statute TE: Begistered Age 13.	ve-named corpora by the corpora as. gent signature req	ation's board of directors. I hereby acce	DATE	its registered s registered
T ADDRESS       2.3 STREET ADDRESS         S1-7.IP       2.4 CITY-ST-7.IP         I ADDRESS       3.3 STREET ADDRESS         S1-7.IP       3.4 CITY-ST-7.IP         I ADDRESS       3.3 STREET ADDRESS         S1-7.IP       3.4 CITY-ST-7.IP         I ADDRESS       3.4 STREET ADDRESS         S1-7.IP       1.0 DELETE         4.1 TITLE       1.0 Change         I ADDRESS       4.1 TITLE         S1-7.IP       1.0 DELETE         I ADDRESS       4.3 STREET ADDRESS         S1-7.IP       1.0 DELETE	office or agent 1 NATURE	registered ager am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f, Section 607.0505, Fl P applicable (NO CTORS	tes, the above authorized be lovida Statute to the second statute of the second statute	ve-named coo by the corpora ss. gent signature requires ter ADDRESS	ation's board of directors. I hereby acce	DATE	its registered s registered RS IN 12
SI-ZIP  2 4 CITY-ST-ZIP  11 ADDRESS  ST-ZIP  11 ADDRESS  12 ADDRESS  13 ADR  14 ADDRESS  14 AD	office or agent 1 NATURE	registered ager am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a l' applicable (NO CTORS DELETE	tes, the above authorized be lovida Statute to the statute of the	ve-named cor y the corpora ss. gent signature requires ET ADDRESS ST-ZIP	ation's board of directors. I hereby acce	DATE	its registered s registered RS IN 12
I ADDRESS       32 NAME         SI - ZIP       34. CITY-ST-ZIP         I ADDRESS       34. CITY-ST-ZIP         I ADDRESS       4.1 TITLE         I ADDRESS       4.2 NAME         I ADDRESS       4.3 STREET ADDRESS         SI-ZIP       4.4 CITY-ST-ZIP         I ADDRESS       4.4 CITY-ST-ZIP         I ADDRESS       5.1 TITLE         I ADDRESS       5.2 NAME         SI-ZIP       DELETE         I ADDRESS       5.3 STREET ADDRESS         SI-ZIP       S2 NAME         I ADDRESS       5.3 STREET ADDRESS         SI-ZIP       S4. CITY-ST-ZIP         I DELETE       5.4 CITY-ST-ZIP         I DELETE       6.1 TITLE         I DELETE       6.1 TITLE	office or agent 1 NATURE TADDRESS ST-ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a l' applicable (NO CTORS DELETE	tes, the above authorized b lorida Statute 13. 1.1 TIRE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIRE 2.2 NAME	ve-named coo by the Corpora ss. pent signature require ter ADDRESS ST-ZIP	ation's board of directors. I hereby acce	DATE	Its registered s registered RS IN 12
11 ADDRESS       3.3 STREET ADDRESS         ST-ZIP       3.4 CITY-ST-ZIP         IT ADDRESS       4.1 TITLE         IT ADDRESS       4.2 NAME         ST-ZIP       4.2 NAME         IT ADDRESS       4.3 STREET ADDRESS         ST-ZIP       4.4 CITY-ST-ZIP         IT ADDRESS       4.4 CITY-ST-ZIP         IT ADDRESS       5.1 TITLE         IT ADDRESS       5.2 NAME         ST-ZIP       DELETE         IT ADDRESS       5.3 STREET ADDRESS         ST-ZIP       DELETE         IT ADDRESS       5.1 TITLE         IT ADDRESS       5.3 STREET ADDRESS         ST-ZIP       DELETE         IT ADDRESS       5.3 STREET ADDRESS         ST-ZIP       DELETE         IT ADDRESS       5.3 STREET ADDRESS         ST-ZIP       5.4 CITY-ST-ZIP         IT ADDRESS       5.2 NAME         IT ADDRESS       5.2 NAME	office or agent 1 NATURE T ADDRESS ST-ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a l' applicable (NO CTORS DELETE	tes, the abor authorized b lorida Statute TE: Registered Ag 13. 1.1 TIFLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIFLE 2.2 NAME 2.3 STREE	en anned corpora ss. gent signature requ et ADDRESS ST - ZIP	ation's board of directors. I hereby acce	DATE	Its registered s registered RS IN 12
ST-ZIP  ST-ZIP  DELETE  A.1 TIFLE  A.1 TIFLE  A.2 NAME  A.2 NAME  A.3 STREET ADORESS  ST-ZIP  DELETE  DELETE  DELETE  ST-ZIP  DELETE  DELETE  DELETE  DELETE  Change  Change Change  C	office or agent 1 NATURE T ADDRESS ST-ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f, Section 607.0505, FI e If applicable (NO CTORS DELETE DELETE	tes, the above authorized b lovida Statute TE: Registered Ag 13. 1.1 TIFLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIFLE 2.4 CITY- 3.1 TIFLE	Ve-named coo by the corpora ss. gent eignature requ ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ation's board of directors. I hereby acce	PL purpose of changing pot the appointment at DATE ICERS AND DIRECTO Change	Its registered s registered RS IN 12
4. 2 NAME 4. 2 NAME 4. 3 STREET ADORESS 5.1 2IP DELETE 1. DELETE 5.1 1ITLE 5.2 NAME 5.3 STREET ADORESS 5.3 STREET ADORESS 5.3 CITY-S1-ZIP DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME	office or agent 1 NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f, Section 607.0505, FI e If applicable (NO CTORS DELETE DELETE	tes, the above authorized be lovida Statute for ida Statute 13. 11 TIRLE 12 NAME 13 STREE 14 CITY-21 TIRLE 22 NAME 23 STREE 24 CITY-31 TIRLE 32 NAME 32 NAME	ve-named coo yy the corpora ss. pent eignature requ ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ation's board of directors. I hereby acce	PL purpose of changing pot the appointment at DATE ICERS AND DIRECTO Change	Its registered s registered RS IN 12 Addition
A 3 STREET ADDRESS     4.3 STREET ADDRESS       ST-ZIP	office or agent 1 NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a Wappicable [NO CTORS DELETE DELETE DELETE	tes, the above authorized be lovida Statute bove and the lovida Statute of the lovida st	ve-named cor by the corpora ss. gent signature requ ET ADDRESS ST- ZIP ET ADDRESS - ST- ZIP	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
ST-ZIP     44 CITY-ST-ZIP       DELETE     5.1 TITLE       ST-ZIP     5.2 NAME       ST-ZIP     5.3 STREET ADDRESS       ST-ZIP     5.4 CITY-ST-ZIP       DELETE     6.1 TITLE       DELETE     6.1 TITLE       ST-ZIP     6.1 TITLE	office or agent 1 NATURE TADDRESS ST- ZIP TADDRESS ST- ZIP	PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a Wappicable [NO CTORS DELETE DELETE DELETE	tes, the above authorized be lovida Statute borida Statute 13. 11. 11. 11. 11. 11. 11. 11. 11. 11.	ve-named cor y the corpora s. pent signature req ET ADDRESS ST- ZIP ET ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
5.2 NAME 5.3 STREET ADORESS 5.1 - ZIP DELETE 6.1 TITLE 6.2 NAME	office or agent 1 NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP	registered agen am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI a Wappicable [NO CTORS DELETE DELETE DELETE	tes, the above authorized be lovida Statute borida Statute for a statute	ve-named cor by the Corpora ss. pent signature requires ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
5.3 STREET ADDRESS           S1-ZIP           DELETE           6.1 TITLE           6.2 NAME	office or agent 1 NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP	registered agen am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI Prapplicable [NO CTORS DELETE DELETE DELETE DELETE	tes, the above authorized be corical Statute for a statute or a statute of the st	ve-named cor y the corpora is. pent signature requires ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
S1-2IP         5.4 CITY-ST-ZIP           DELETE         6.1 TITLE           6.2 NAME         6.2 NAME	office or agent 1 i NATURE I ADDRESS <u>ST-ZIP</u> I ADDRESS <u>ST-ZIP</u> I ADDRESS <u>ST-ZIP</u> I ADDRESS <u>ST-ZIP</u>	registered agen am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI Prapplicable [NO CTORS DELETE DELETE DELETE DELETE	tes, the above authorized be lovida Statute borida Statute for a statute	ve-named cor y the corpora ss. pent signature requires ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
6.2 NAME	office or agent 1 NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	registered ager am familiar with Signature, typed or PVST HEERTJE, 1 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI Prapplicable [NO CTORS DELETE DELETE DELETE DELETE	tes, the above authorized be lovida Statute borida Statute 13. 1.1 TIRE 1.2 NAME 1.3 STREE 1.4 CITY-2.1 TIRE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TIRE 3.3 STREE 3.4 CITY-4.1 TIRE 4.2 NAME 4.3 STREE 4.4 CITY-5.1 TIRE 5.2 NAME	Ve-named cor y the corpora is. pent signature requires ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E	ation's board of directors. I hereby acce	PL	Its registered s registered RS IN 12 Addition
	office or agent 1 NATURE TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	registered ager am familiar with Signature, typed or PVST HEERTJE, 1 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI If applicable [NO] CTORS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above authorized be lovida Statute borida Statute 13. 11.11.11.11.11.11.11.11.11.11.11.11.11	ve-named cor y the corpora as. pent signature requires ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS	ation's board of directors. I hereby acce	<b>FL</b> purpose of changing         potre         DATE         ICERS AND DIRECTO         Change         Change         Change         Change         Change         Change         Change         Change         Change	Its registered s registered RS IN 12 Addition
	office or agent 1 NATURE ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP	registered ager am familiar with Signature, typed or PVST HEERTJE, 1 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI If applicable [NO] CTORS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above authorized be lovida Statute for a statute	Ve-named cor y the corpora ss. pent signature requires ET ADDRESS ST- ZIP ET ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP	ation's board of directors. I hereby acce	<b>FL</b> purpose of changing         potre         DATE         ICERS AND DIRECTO         Change         Change         Change         Change         Change         Change         Change         Change         Change	Its registered s registered RS IN 12 Addition
-ST-ZIP -ST-ZIP 1 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.   further certify that the	office or agent 1 NATURE ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP ET ADDRESS ST- ZIP	registered ager am familiar with Signature, typed or PVST HEERTJE, ( 10610 IMM NAPLES FL	nt, or both, in the State , and accept the oblig printed name of registered ag OFFICERS AN GABRIELE OKALEE RD.	e of Flori gations o gent and little	da. Such change was f. Section 607.0505, FI If applicable [NO] CTORS DELETE DELETE DELETE DELETE DELETE DELETE	tes, the above authorized be lovida Statute for a statute	Ve-named cor y the corpora ss. pent signature req ET ADDRESS ST- ZIP ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP E E - ST- ZIP	ation's board of directors. I hereby acce	<b>FL</b> purpose of changing         potre         DATE         ICERS AND DIRECTO         Change         Change         Change         Change         Change         Change         Change         Change         Change	Its registered s registered RS IN 12 Addition Addition