SUN VALLEY CA 9132     DD NOT WRITE IN THIS SPACE       2     Description     3. Date incorporated or Qualified       21     2571     STATE ROAD, 60 WEST     all       22     2371.0     STATE ROAD, 60 WEST     all       23     State, Apt. # etc.     5. Date incorporated or Qualified       23     2371.0     STATE ROAD, 60 WEST     all       23     State, Apt. # etc.     5. Contectue of Statu Desired     Feb Application       24     The State     4. Election Campaign Finanding     35.00 Way Be       25     Country     Zp     Country     Application       26     State Application     30     Pressed Poorty Tax.     X training the state of the country and instantiation       26     State Application     30     Pressed Poorty Tax.     X training the state of the country and instantiation       27     Country     Zp     Country     X training the state of the country and instantiation       28     State Address of the country and	PROFIT CORPORAT ANNUAL REF <b>1999</b>	に 「「「「「「」」」 「「」」 「「」」 「「」」 「」」 「」」 「」」 「	FLORIDA DEPAF Katheri Secretar	RTMENT OF STATE ne Harris y of State CORPORATIONS		999 8:00 am y of State 28 017 ***150.00
Internet Primode Reserved     Mailing Address       Lizes Rearkopt StreEt     Lizes Rearkopt StreEt       SUN VALLEY CA 9152     Sun ValleY CA 9152       2. Principal Place of Business     2.a. Mailing Address       2. Principal Place of Business     3.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Bart TOW, FL     2.a. Data Interprint Place Address       2. Country     2.a. Data Interprint Place Address       2. Country     2.a. Data Interprint Place Address       3. Bart TOW, FL	<ol> <li>Corporation Name</li> </ol>	100000				
SUN VALLEY CA 9132     DD NOT WRITE IN THIS SPACE       2     Description     3. Date incorporated or Qualified       21     2571     STATE ROAD, 60 WEST     all       22     2371.0     STATE ROAD, 60 WEST     all       23     State, Apt. # etc.     5. Date incorporated or Qualified       23     2371.0     STATE ROAD, 60 WEST     all       23     State, Apt. # etc.     5. Contectue of Statu Desired     Feb Application       24     The State     4. Election Campaign Finanding     35.00 Way Be       25     Country     Zp     Country     Application       26     State Application     30     Pressed Poorty Tax.     X training the state of the country and instantiation       26     State Application     30     Pressed Poorty Tax.     X training the state of the country and instantiation       27     Country     Zp     Country     X training the state of the country and instantiation       28     State Address of the country and	Principal Place of Busines	S	Mailing Address			II OOIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
2. Principal Piece of Business       2a. Multing Address       4. FEI Number       Implicit For         3016, Ap.K. ntic.       71       Suite, Ap.K. ntic.       5. Certificate of Status Desired       Set 75 Additional         3016, Ap.K. ntic.       71       Country       4. Election Campage Financing       55.00 May Be         302       Ap.K. ntic.       71       Country       4. The corporation operation operatioperatioperation operation operation operation operati						I THIS SPACE
12371 STATE ROAD, 60 WEST       28       Solite. Apt. #. etc.       20       Solite.Apt.#						
Soline, ApL R. DC, MOLT, OU THEOU 101       LD       Soline, ApL R. dc.       Soline						
121     127     127     127     120 <td></td> <td>ORD, OU WEST</td> <td></td> <td></td> <td></td> <td>\$8.75 Additional</td>		ORD, OU WEST				\$8.75 Additional
BARTOW, FL     Zp     Country     Zp     Country     Zp     Country     Zp     Country     Zp     Country     Zp     Country     Sp						
33330     ISA     23     383     Perconst Property Tax.     X Yes     No       9. Mane and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent     Image: Comparison of Current Registered Agent     Image: Comparison of Current Registered Agent     Image: Comparison of Current Registered Agent       C 1 CORPORATION SYSTEM     120 South Price Statutes     11. Name     10. Name and Address of New Registered Agent     Image: Comparison of	BÁRTOW, FL		28	Country	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent           C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 3324         61         Name         62           B3         83         84         Chy         FL         68         Z0 code           11. Parusant to the provisions of Section 807 D602 and 807 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Tam familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.         Statutes.         Statutes.           SIGNATURE         Tam familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.         NOTE flogsteed Agent or other agent at registered Agent agent at sensitive.         DATE           12.         OFFICIERS AND DIRECTORS 13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2         DATE           12.         OFFICIERS AND DIRECTORS 13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2         DATE           13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2         DATE           13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15.1         TITLE         Change         Addition           14.         OFFICERS AND DIRECTORS 15.1         TITLE         Change         Addition           12.         OFFICERS AND DIRECTORS		·				
C T CORPORATION SYSTEM IZOD SOUTH PIRE ISLAND ROAD PLANTATION FL SISLAND PLANTA		and Address of Current	t Registered Agent		10. Name and Address of New Regis	tered Agent
PLANTATION FL SIZARD HORD PLANTATION FL SIZARD HORD PLANTATION FL SIZARD HORD PLANTATION FL SIZER ADDRESS SIGNATURE The provisions of Sections 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I an institute with additions of Section 50.0505. Florida Statutes, the above-named corporation is bade of circledrs. I hereby accept the appointment as registered agent. I an institute with addition of Section 07.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I an institute with addition of Section 07.0505. Florida Statutes, MAINS, PHILP E IZA OFFICERS AND DIRECTORS III. CO KAMINS, PHILP E IZAN BRANFORD STREET III. CO KAMINS, PHILP E IIII. CO KAMINS, PHILP E III. CO KAMINS, PHILP E IIII. CO	C T CORPORA	TION SYSTEM			A time (D.O. Day March 1997) Net Assessmeller	
B4         City         FL         B5         Zip Code           11. Pursuant to the provisions of Sections 807.0502 and 807.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an information with and accept the obligations of Section 807.0505. Florida Statutes.         Interburges of changing its registered agent. an information with and accept the obligations of Section 807.0505. Florida Statutes.           SIGNATURE         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           Imme         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           Imme         DELETE         11.11         Imme         Change         Addition           Street Address         SCHER, ROBERT         21.014         21.004         21.004         21.004           Street Address         SS LA FRANCE AVENUE         23.318887.400885         21.004         21.004         21.004         21.004           Street Address         SS LA FRANCE AVENUE         23.31887.400885         21.004         21.004         21.004         21.004         21.004         21.004         21.004         21.004         21.004         21.004         21.004         21.004<				82 Street	Address (P.O. Box Number is Not Acceptable)	
In       Pursuant to the provisions of Sections 807.0502 and 807.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am analysis with adapted and accept the obligations of Section 607.0505. Florida Statutes.         SIGNATURE       Support and accept the obligations of Section 607.0505. Florida Statutes.       Interest accept the appointment as registered agent. I am analysis this statement for the purpose of changing lis registered agent. Jam Adapted and accept the obligations of X9505. Florida Statutes.         SIGNATURE       Support and accept the obligations of X9505. Florida Statutes.       Interest X9500.0000.0000.0000.0000.0000.0000.0000	PLANTATION I	L 33324		83		
11. Druggend to the providence of Sections 807 0502 and 607 1508. Florids Statutes, the above-named comparison's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, to be comparison's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.         SIGNATURE				84 City		FI 85 Zip Code
Intel       Column	agent. I am familiar w SIGNATURE Signature, type 12.	ith, and accept the obligat	lons of, Section 607.0505, Flo it and title if applicable. (NOTE D DIRECTORS	rida Statutes. : Registered Agent signature 13.	required when reinstating) D	ATE RS AND DIRECTORS IN 12
STREET ADDRESS       124243       BRANFORD STREET       1.3 STREET ADDRESS         CITY-ST-2P       SUN VALLEY CA       14 CITY-ST-2P         NAME       SCHER, ROBERT       21 NUME         STREET ADDRESS       55 LA FRANCE AVENUE       23 STREET ADDRESS         CITY-ST-2P       BLOOMFIELD NJ       2.4 CITY-ST-2P         TITLE       VST       2.4 CITY-ST-2P         JOHNSON, LORI M       2.4 CITY-ST-2P         STREET ADDRESS       2.4 CITY-ST-2P         JOHNSON, LORI M       2.4 CITY-ST-2P         STRET ADDRESS       2.4 CITY-ST-2P         SUN VALLEY CA       3.4 CITY-ST-2P         SUN VALLEY CA       3.3 STREET ADDRESS         CITY-ST-2P       SUN VALLEY CA         TITLE       D         CHECONG, T C       3.3 STREET ADDRESS         SUN VALLEY CA       4.2 NAWE         STREET ADDRESS       2.4 Addition         STREET ADDRESS       2.4 STREET ADDRESS         SUN VALLEY CA       4.4 CITY-ST-2P         UN-ST-2P       SUN VALLEY CA       4.2 NAWE         STREET ADDRESS       STATE STREET ADDRESS         SUN VALLEY CA       4.4 CITY-ST-2P         TITLE       P       Change         ADDLETE       STREET ADDRESS<						Change Addition
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ITTLE       D       DELETE       21 Title       Detette       21 Title         NAME       SCHER, ROBERT       22 NAME       22 NAME       22 NAME         STREET ADDRESS       S5 LA FRANCE AVENUE       23 STREET ADDRESS						
With an officer of the control of t	-	000000				Change Addition
CITY-ST-ZP       BLOOMFIELD NJ       2.4 CITY-ST-ZIP         TITLE       VST       DELETE       3.1 TITLE         NAME       JOHNSON, LORI M       32 NAME         STREET ADDRESS       12243 BRANFORD STREET       33 STREET ADDRESS         CITY-ST-ZP       SUN VALLEY CA       34. CITY-ST-ZP         NAME       DELETE       4.1 TITLE       Change         NAME       CHEONG, T C       4.2 NAME         STREET ADDRESS       12243 BRANFORD STREET       4.3 STREET ADDRESS         STREET ADDRESS       12243 BRANFORD STREET       4.3 STREET ADDRESS         CITY-ST-ZP       SUN VALLEY CA       4.4 CITY-ST-ZP         STREET ADDRESS       12243 BRANFORD STREET       4.3 STREET ADDRESS         CITY-ST-ZP       SUN VALLEY CA       4.4 CITY-ST-ZP         STREET ADDRESS       2571 STATE ROAD 60 WEST       5.3 STREET ADDRESS         2571 STATE ROAD 60 WEST       5.3 STREET ADDRESS       2571 STATE ROAD 60 WEST         CITY-ST-ZP       BARTOW FL       6.2 NAME       6.2 NAME         STREET ADDRESS       2571 STATE ROAD 60 WEST       6.3 STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZP       BARTOW FL       6.2 NAME       6.3 STREET ADDRESS       6.3 STREET ADDRESS         STRET ADDRESS       2.5.						
Intel       VSI       Detert       Intel       Detert       Intel         NAME       JOHNSON, LORI M       32 NAME       33 STREET ADDRESS       Intel       Intel         STREET ADDRESS       SUN VALLEY CA       34 CTY-ST-ZP       Intel       Intel <t< td=""><td></td><td></td><td></td><td>2. 4 CITY-ST-ZIP</td><td></td><td></td></t<>				2. 4 CITY-ST-ZIP		
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Inite       0 <td></td> <td></td> <td></td> <td>3.4. CITY- ST- ZIP</td> <td></td> <td></td>				3.4. CITY- ST- ZIP		
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CITY-ST-ZIP       SUN VALLEY CA       44 CITY-ST-ZIP         TITLE       P       DELETE       5.1 TITLE       Change       Addition         NAME       CUTHBERTSON, GORDON       52 NAME       STREET ADDRESS       2571 STATE ROAD 60 WEST       5.3 STREET ADDRESS         CITY-ST-ZIP       BARTOW FL       54 CITY-ST-ZIP       54 CITY-ST-ZIP       Change       Addition         TITLE       V       DELETE       6.1 TITLE       Change       Addition         NAME       HUBBARD, DANIEL       62 NAME       6.2 NAME       Addition         STREET ADDRESS       257.1 STATE ROAD 60 WEST       54 CITY-ST-ZIP       Change       Addition         NAME       HUBBARD, DANIEL       62 NAME       6.3 STREET ADDRESS       CITY-ST-ZIP       Addition         STREET ADDRESS       257.1 STATE ROAD 60 WEST       6.3 STREET ADDRESS       6.4 CITY-ST-ZIP       Addition         14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 further certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in office or director of the corporation or the receiver or trustee empowered.       Statutes, in that man an office or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stat						
Internation       Internation         NAME       CUTHBERTSON, GORDON         STREET ADDRESS       2571 STATE ROAD 60 WEST         STREET ADDRESS       2571 STATE ROAD 60 WEST         STREET ADDRESS       54 CITY-ST-ZIP         BARTOW FL       54 CITY-ST-ZIP         TITLE       V         NAME       HUBBARD, DANIEL         STREET ADDRESS       2571. STATE, ROAD 60 WEST         STREET ADDRESS       64 CITY-ST-ZIP         BARTOW FL       64 CITY-ST-ZIP         14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 further certify that the information of 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 attromment with an address, with all other like empowered.				4.4 CITY-ST-ZIP		
NAME       COTINDENTSON, GONDON         STREET ADDRESS       2571 STATE ROAD 60 WEST         SITREET ADDRESS       54 CITY-ST-ZIP         BARTOW FL       54 CITY-ST-ZIP         TITLE       V         NAME       HUBBARD, DANIEL         STREET ADDRESS       2571. STATE, ROAD 60 WEST         STREET ADDRESS       2571. STATE, ROAD 60 WEST         STREET ADDRESS       2571. STATE, ROAD 60 WEST         BARTOW FL       62 NAME         14. I 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 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 of 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 attromment with an address, with all other like empowered.		DTOON CODON				📋 Change 🔛 Addition
CITY-ST-ZIP       BARTOW FL       54 CITY-ST-ZIP         TITLE       V       DELETE       6.1 TITLE         NAME       HUBBARD, DANIEL       6.2 NAME         STREET ADDRESS       257.1 STATE, ROAD 60 WEST       6.3 STREET ADDRESS         CITY-ST-ZIP       BARTOW FL       6.4 CITY-ST-ZIP         14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 further certify that the information 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 attromment with an address, with all other like empowered.						
NULL       V       Listent       62 NAME         NAME       HUBBARD, DANIEL       62 NAME         STREET ADDRESS       257.1. STATE, ROAD 60 WEST       6.3 STREET ADDRESS         CITY-ST-ZIP       BARTOW FL       6.4 CITY-ST-ZIP         14. I 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 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 attromment with an address, with all other like empowered.						
NOME       INDEDAND, DAIVEL         STREET ADDRESS       257.1 STATE, ROAD 60 WEST         STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       BARTOW FL         14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 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 attempt with an address, with all other like empowered.	•					Change Addition
CITY-ST-ZIP 14. I 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 attemption with an address, with all other like empowered.						
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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 attempt with an address, with all other like empowered.	14. I hereby certify that t	e information supplied wit				
		ual report or supplemental	annual report is true and accu			
SIGNATURE:	officer or director of t Block 12 or Block 13	the corporation or the receipt in the corporation or the receipt if changed, or on an attack	iver or trustee empowered to e nment with an address, with al	xecute this report as I other like empowere	required by Chapter 607, Florida Statutes; and ad.	that my name appears in