| PROFIT   |   | CARA S   | R MAY 1 IS   | RTMENT OF STATE   | F<br>Jan 28 1  |   | )()am   |
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|  |   |  |  | . Mortham   |  |   |   |
| ANNUAL REPORT  |   |  | DIVISION OF CORPORATIONS                                   |   | Secretary of State   |   |   |
| OCUMEN<br>Corporation Name   | ⊤ # <b>G</b> 6  | 1195   | (5)  |   |  |   |   |
| THOMAS & JUL   |   | WELRY & GIFT   | s, inc.  |   |  | a mil nadi nadi atan mat  | Billio santi  |
| ncipal Place of Business Mailing Address   |   |  |  |   |  |   |   |
| d Juliette Gomez<br>10 B kennedy Dr<br>1 West Fl 33040   |   | 100  | ) Juliette Gomez<br>D B Kennedy Dr<br>/ West FL 33040-4019 | )   |  |   |   |
|  |   |  |  |   | 3. Date Incorporated or Qualified 09/26/1983   | 3a. Date of Last R<br>03/12/1996  | eport   |
| Principal Place of Bu  | isiness   | <b>28</b> .<br>26  | Mailing Address  |   | 4. FEI Number<br>59-2352643  | ► • • • • • • • • • • • • • • • • • • •   | plied For<br>Applicable   |
| Suite, Apt. #, etc.  |   | 27   | Suite, Apt #, etc  |   | 5. Certificate of Sfatus Desired   | \$8.75     Fee Re   |   |
| City & State   |   | 28   | City & State   |   | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>                | \$5.00  | -   |
| δiρ  | Country<br>25   |  | Zip  | Country   | 8. This corporation has liability for  |   |   |
|  | ne and Address  | of Current Registe   | ered Agent   | 81 Name   | 10. Name and Address of New Re   |   |   |
| GOMEZ, JUL<br>1000 B KENI  | Nedy Dr   |  |  |   | fress (P.O. Box Number is Not Acceptat   | ble)  |   |
| KEY WEST F   | ALACO E   |  |  |   |  |   |   |
|  | 2 33040   |  |  | 83  |  | ······································  |   |
|  | -L 23040  |  |  | 83<br>84 City   |  | <b>F1</b> 85 Zip (  | Code  |
| Pursuant to the pro  | visions of Sectio   | ns 607 0502 and 60<br>In the State of Flerid   | 17. 1508, Florida Statu<br>a Such change was               | 84 City<br>tes, the above-named cor<br>authorized by the corpore  | poration submits this statement for the patient is board of directors. I hereby acceptions |   |   |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar   | visions of Sectio<br>agent, or both, i<br>with, and accop   | ns 607 0502 and 60<br>In the State of Florid<br>at the obligations of,   |  | <b>B4</b> City<br>tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.  | poration submits this statement for the pation's board of directors. I hereby accept       |   |   |
| Pursuant to the pro-<br>office or registered<br>agent. Lam familiar<br>SNATURE<br>Signatine by   | visions of Sectio<br>agent, or outh, i<br>with, and accor   | ns 607 0502 and 60<br>In the State of Florid<br>In the obligations of<br>Competenciagent and the<br>ICERS AND DIFIEC   | applicable   | B4 City tes, the above-named cor authorized by the corpora orida Statutes.      F: Registered Agent signature requ      13.   | /.   | FL       purpose of changing it       pt the appointment as       -/7-97       DATE       CERS AND DIRECTOR   | s registered<br>registered                                      |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar<br>NATURE<br>Signature to   | visions of Sectio<br>agent of Noth, i<br>with, and accor<br>under prior name of<br>Off  | Interest agent and the difference agent ag   | section 607.0505, FI                                       | B4 City tes, the above-named cor authorized by the corpore orida Statutes.      F: Registered Agent signature requ      13.      1.1 TITLE  | lired when reinstaling)  | FL       purpose of changing it       pt the appointment as       -17-97       DATE   | is registered<br>registered<br>IS IN 12                         |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar<br>INATURE<br>Signatine to<br>DP<br>GOME<br>ET ADDRESS<br>2515 S  | visions of Sectio<br>agent, or Noth, i<br>with, and accor<br>of F<br>OF F<br>Z, THOMAS, S<br>STAPLES AVE.   | regedence agent and the obligations of,<br>regedence agent and the a   | applicable   | B4 City tes, the above-named cor authorized by the corpora orida Statutes.      F: Registered Agent signature requ      13.   | lired when reinstaling)  | FL       purpose of changing it       pt the appointment as       -/7-97       DATE       CERS AND DIRECTOR   | is registered<br>registered<br>IS IN 12                         |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar<br>NATURE<br>Signature to<br>DP<br>GOME<br>ET ADDRESS<br>-ST-ZIP  | visions of Sectio<br>agent of Noth, i<br>with, and accep<br>perfection name of<br>OFF<br>Z, THOMAS, S   | regedence agent and the obligations of,<br>regedence agent and the a   |  | B4 City     tes, the above-named corrauthorized by the corpora     orida Statutes.     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP  | lired when reinstaling)  | FL       purpose of changing it<br>pt the appointment as       -17-97       DATE       CERS AND DIRECTOR       CRASE  | is registered<br>registered<br>S IN 12                          |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar<br>INATURE<br>Standore to<br>DP<br>6<br>6<br>6<br>6<br>6<br>7<br>7<br>7<br>8<br>8<br>8<br>8<br>7<br>7<br>9<br>8<br>8<br>8<br>8<br>8<br>7<br>7<br>9<br>8<br>8<br>8<br>8  | visions of Section<br>agent of Noth, i<br>with, and accept<br>of the sector of<br>Off<br>Z, THOMAS, S<br>STAPLES AVE.<br>JEST, FL 00000   | regedence agent and the obligations of,<br>regedence agent and the a   | applicable   | 84     City       tes, the above-named corrauthorized by the corporation of the                | lired when reinstaling)  | FL       purpose of changing it       pt the appointment as       -/7-97       DATE       CERS AND DIRECTOR   | is registered<br>registered<br>IS IN 12                         |
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| Pursuant to the pro-<br>office or registered<br>agent L an familiar<br>NATURE<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ET ADDRESS<br>ST-ZIP  | Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>REYNOLDS ST.  | n the obligations of,<br>increast-read agent and the d<br>ICERS AND DIREC<br>IR.<br>0<br>0<br>R.   | Corport GU7.0505, FI                                       | B4     City       tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.     City       13.     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS       1.4 City-ST-ZiP     2.1 TITLE       2.3 STREET ADDRESS     2.4 City-ST-ZiP       3.1 TITLE     3.1 TITLE       3.3 STREET ADDRESS     3.3 STREET ADDRESS  | lired when reinstaling)  | FL       purpose of changing it<br>pt the appointment as       -17-97       DATE       CERS AND DIRECTOR       Change       Change  | IS IN 12  |
| Pursuant to the pro-<br>office or registered<br>agent L am familiar<br>NATURE<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST  | Z, THOMAS, J<br>TAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>EST, FL 00000<br>Z, THOMAS, J<br>EST, FL 00000  | n the obligations of,<br>increast-read agent and the d<br>ICERS AND DIREC<br>IR.<br>0<br>0<br>R.   | Corport GU7.0505, FI                                       | B4     City       tes, the above-named cor<br>authorized by the corpora<br>orida Statutes.       E: Registered Agent signature required<br>13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CitY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CitY-ST-ZIP       3.1 TITLE       3.1 TITLE       3.2 NAME   | lired when reinstaling)  | FL       purpose of changing it<br>pt the appointment as       -17-97       DATE       CERS AND DIRECTOR       Change       Change  | IS IN 12  |
| Pursuant to the pro-<br>office or registered<br>agent 1 am familiar<br>NATURE<br>Stepactor to<br>GOME<br>2515 S<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, JULIO  | R.<br>0  | Contraction 607.0505, FI                                   | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       11.       11.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       14.       17.       21.       21.       21.       21.       21.       21.       21.       21.       22.       21.       21.       22.       21.       21.       21.       21.       21.       21.       22.       21.       21.       21.       21.       21.       21.       21.       21.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.       31.  | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pt the appointment as         -17-97         DATE         CERS AND DIRECTOF         Change         Change         Change  | IS IN 12  |
| Pursuant to the pro<br>office or registered<br>agent Lam familiar<br>NATURE<br>Et ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>ST-ZIP<br>S         | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Contraction 607.0505, FI                                   | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       11       12       13       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-SI-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS       2.4 CITY-SI-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-SI-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-SI-ZIP       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS   | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pt the appointment as         -17-97         DATE         CERS AND DIRECTOF         Change         Change         Change  | IS IN 12  |
| Pursuant to the pro<br>office or registered<br>agent. Lam familiar<br>NATURE<br>Structure for<br>GOME<br>2515 S<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T GOME<br>ST-ZIP<br>T ADDRESS<br>ST-ZIP<br>T GOME<br>ST-ZIP   | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, THOMAS, J<br>Z, JULIO  | R.<br>0  | Contraction 607.0505, FI                                   | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       11.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       14.       17.       21.       31.       31.       31.       31.       32.       33.       33.       34.       21.       31.       31.   | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pt the appointment as         -17-97         DATE         CERS AND DIRECTOF         Change         Change         Change  | IS IN 12  |
| Pursuant to the pro-<br>office or registered<br>agent. Lam familiar<br>NATURE<br>Et ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       11.       12.       13.       1.1.       11.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       1.1.       12.       13.       14.       14.       21.       21.       21.       21.       21.       21.       22.       23.       24.       27.       31.       31.       32.       33.       35.       24.       21.       33.       33.       33.       34.       21.       33.       34.       21.       33.       34.       21.       33.       34.       21.       35.       34.       21.       35.       34.       21.       35.       34.       21.       35.  | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pourpose of changing it<br>parte         - 17 - 9.7         DATE         CERS AND DIRECTOR         Change         Change         Change         Change         Change         Change         Change | IS IN 12<br>IS IN 12<br>Addition<br>Addition<br>Addition        |
| Pursuant to the pro-<br>office or registered<br>agent. Lam familiar<br>NATURE<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP  | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       11       11.1       12.1       13.1       14.1       13.3       14.0       13.3       14.0       13.3       14.0       12.0       2.1       11TLE       2.2       2.1       3.1       1.1       2.1       3.1       1.1       2.1       3.1       1.1       2.1       3.1       1.1       3.2       3.3       3.3       3.4       2.1       3.1  | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pourpose of changing it<br>parte         - 17 - 9.7         DATE         CERS AND DIRECTOR         Change         Change         Change         Change         Change         Change         Change | IS IN 12<br>IS IN 12<br>Addition<br>Addition<br>Addition        |
| Pursuant to the pro-<br>office or registered<br>agent. Lam familiar<br>NATURE<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP<br>ET ADDRESS<br>-ST-ZIP  | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       T1       11       12       13       14       13       14       17       21       31       11LE       22       33       31       31       32       34       CITY-ST-ZIP       31       41       11LE       42       43       31       41       11LE       42       43       43       41       11LE       51       51       52  | lired when reinstaling)  | <b>FL</b> purpose of changing it purpose of changing it purpose of changing it purpose of change  | IS IN 12<br>IS IN 12<br>Addition<br>Addition<br>Addition        |
| Pursuant to the pro-<br>office or registered<br>agent. Lam familiar<br>INATURE<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP<br>ELADDRESS<br>-ST-ZIP   | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4     City       tes, the above-named corauthorized by the corpore orida Statutes.     Ite corpore original statutes.       11. TITLE     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS       1.4 City-ST-ZIP     2.1 TITLE       2.2 NAME     2.3 STREET ADDRESS       2.4 City-ST-ZIP     3.1 TITLE       3.2 NAME     3.3 STREET ADDRESS       3.4 City-ST-ZIP     3.1 TITLE       3.2 NAME     3.3 STREET ADDRESS       3.4 City-ST-ZIP     4.1 TITLE       4.2 NAME     4.3 STREET ADDRESS       3.4 City-ST-ZIP     5.1 TITLE       5.7 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 City-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 City-ST-ZIP  | lired when reinstaling)  | <b>FL</b> purpose of changing it<br>pourpose of changing it<br>parte         - 17 - 9.7         DATE         CERS AND DIRECTOR         Change         Change         Change         Change         Change         Change         Change | IS IN 12<br>SIN 12<br>Addition<br>Addition                      |
| Pursuant to the pro-<br>office or registered<br>agent L an familiar<br>INATURE<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>ET ADDRESS<br>-ST-ZIP<br>E GOME<br>E GOME<br>E GOME<br>E GOME<br>E GOME<br>E COME<br>E COME | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4     City       tes, the above-named cor<br>authorized by the corpore<br>orida Statutes.       T1       11       12       13       14       13       14       17       21       31       11LE       22       33       31       31       32       34       CITY-ST-ZIP       31       41       11LE       42       43       31       41       11LE       42       43       43       41       11LE       51       51       52  | lired when reinstaling)  | <b>FL</b> purpose of changing it purpose of changing it purpose of changing it purpose of change  | IS IN 12<br>IS IN 12<br>Addition<br>Addition<br>Addition        |
| Pursuant to the pro-<br>office or registered<br>agent. Lann familiar<br>SNATURE<br>E DP<br>Re GOME<br>EET ADDRESS 2515 S<br>KEY W<br>E DV<br>Re GOME<br>EET ADDRESS 2515 S<br>ST-ST-ZIP KEY W<br>E DS<br>Re GOME<br>EET ADDRESS 1317 F<br>(-ST-ZIP KEY W<br>E DT<br>Re GOME<br>EET ADDRESS 2438 F  | Z, THOMAS, J<br>Z, THOMAS, S<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, JULIETTE<br>STAPLES AVE.<br>Z, THOMAS, J<br>Z, JULIO<br>SOGARTY AVE | R.<br>0  | Sector 607.0505, FI  | B4         City           tes, the above-named corpore<br>orida Statutes.         corpore<br>orida Statutes.           E: Registered Agent signature required<br>13.         1.1 TITLE           1.2 NAME         1.3 STREET ADDRESS           1.4 City-ST-ZiP         2.1 TITLE           2.1 TITLE         2.2 NAME           2.3 STREET ADDRESS         2.4 City-ST-ZiP           3.1 TITLE         3.2 NAME           3.3 STREET ADDRESS         3.4 City-ST-ZiP           4.1 TITLE         4.2 NAME           3.3 STREET ADDRESS         3.4 City-ST-ZiP           4.1 TITLE         4.2 NAME           3.3 STREET ADDRESS         3.4 City-ST-ZiP           4.1 TITLE         4.2 NAME           4.3 STREET ADDRESS         3.4 City-ST-ZiP           5.1 TITLE         5.2 NAME           5.3 STREET ADDRESS         5.4 City-ST-ZiP           5.1 TITLE         5.2 NAME           5.3 STREET ADDRESS         5.4 City-ST-ZiP           6.1 TITLE         6.2 NAME   | lired when reinstaling)  | <b>FL</b> purpose of changing it purpose of changing it purpose of changing it purpose of change  | IS registered<br>registered<br>IS IN 12<br>Addition<br>Addition |

T.