	FILE NOW: PROFIT CORPORATION INUAL REPORT 1997	FILING FEE A	FLO	RIDA DEPAR Sandra B	TMENT OF Morthan	STATE n	Apr 30		8:0	
	CUMENT # ration Name SMORE INC.		(8)							
Principal	Place of Business	<u></u>	Mailing Addr						HAR IN AN AN	
1500 n. pi P.O. Box Npopika f		ROAD	6500 N. PLYN P.O. BOX 218 Apopka FL 3	8	ento roai	0	3. Date Incorporated or Qualifie	d 38. D	ate of Last R	eport
2 Danoir	oal Place of Business		2a. Mailing A	ddroop			05/30/1984 4. FEI Number	05/	01/1996	-line Far
1	bai made di business		26 26	uuress			59-2433577			plied For of Applicable
Suito,	Apt.#, etc.	Autom Autom	Suite, Ap	t. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City &	State		City & Sta	ate	<u></u>	<u></u>	6. Election Campaign Financing	·	\$5.00	May Be
3] Zip		Country	28 Zip	·····	Count	nv	Trust Fund Contribution 8. This corporation has liability		Added I	
4	25	-	29		30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	Ves [_ No	. 189.002,
	9. Name and ROSIER, JOSEPH	Address of Current	Registered Age	<u></u>	8	1 Name	10. Name and Address of New	Registered	Agent	
	559 S. COUNTRY (CLUB ROAD			8	2 Street Add	ress (P.O. Box Number is Not Accer	table)		
1	LAKE MARY FL 327	746			B	3				- <u></u>
					-	1				
					8	4 City			R5 Zin (Code
11. Pursi	Jant to the provisions	of Sections 607.0502	and 607.1508. F	lorida Statute	8 es. the abo		poration submits this statement for th	FL ne purpose o		Code
office	e or registered agent. t. I am familiar with, a IRE	or both, in the State o rid accept the obligat	If Florida, Such c ions of, Section 6	hange was a 607.0505, Flo	es, the abo authorized I orida Statut	ve-named cor by the corpora es.	poration submits this statement for th tion's board of directors. I hereby ac	e purpose o cept the app	f changing it	s registered
office agen SIGNATU	e or registered agent. t. I am familiar with, a IRE	or both, in the State o	if Florida, Such c ions of, Section 6 and little # applicable	hange was a 607.0505, Flo	es, the abo authorized I orida Statut	ve-named cor by the corpora es.	poration submits this statement for th tion's board of directors. I hereby ac ired when reinstating) ADDITIONS/CHANGES TO OF	e purpose o cept the app DATE	f changing it xointment as	s registered registered
office agen SIGNATL 12. Tille	e or rogisteried agent, t. Lam familiar with, a IRE Source oped a per	or both, in the State o nd accept the obligat set name of registured agent OFFICE RS AND	in Florida. Such c ions of, Section 6 and little f applicable DIRECTORS	hange was a 607.0505, Flo	es, the abo authorized I brida Statuti E: Registered A 13. 1.1 TITLE	ve-named cor by the corpora es. gent signature requ	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it xointment as	s registered registered
office agen SIGNATU I 2. NILE VAME	e or rogistered agent, t. I am familiar with, ar IRE Source operation PD MCNANEE, J	or both, in the State o nd accept the obligat ord name of registered agent OFFICE RS AND B.	f Florida. Such c ions of, Section f and litle * apptcable DIRECTORS	hange was a 607.0505, Flo (NOT)	es, the abo authorized I brida Statut E: Registered A 13. 1.1 TitLe 1.2 NAM	ve-named cor by the corpora es. gent signature reau	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it wintment as	s registered registered IS IN 12
office agen SIGNATU 12. THLE NAME STREET ADD	e or registered agent, t. I am familiar with, av JRE Signature typed of pro- MCNAMEE, J 6500 N PLYN APOPKA FL	or both, in the State o nd accept the obligat set name of registured agent OFFICE RS AND	If Florida Such c ions of, Section f and Ikle f applicable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized I brida Statut E: Registered A 13. 1.1 TitLe 1.2 NAM	ve-named corpora by the corpora es. gent signature require ter address	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it pointment as	is registered registered IS IN 12
office agion SIGNATU I 2. NILE STREET ADDR STREET ADDR STREET ADDR	e or registered agent, t. Lam familiar with, av JRE Segurour oped or pro- MCNAMEE, J MCNAMEE, J 6500 N PLYN APOPKA FL VST	or both, in the State o nd accept the obligat of the obligat OFFICE RS AND .B. IOUTH SORRENTO	If Florida Such c ions of, Section f and Ikle f applicable DIRECTORS	hange was a 607.0505, Flo (NOT)	es, the abo authorized I brida Statute 13. 1.1 Title 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE	ve-named corpora es. gent signature require EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it wintment as	s registered registered IS IN 12
office agen SIGNATU II. II. II. II. II. II. II. II. II. II	PD PD PD PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J Source open PD MCNAMEE, J PD MCNAMEE, J PD PD MCNAMEE, J PD PD PD PD PD PD PD PD PD PD	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and Ikle f applicable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized I brida Statuti 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI	ve-named corpora es. gent signature require EEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it pointment as	is registered registered IS IN 12
office agon SIGNATL 12. IILE VAME STREET ADDR CITY - ST - ZH NAME STREET ADDR CITY - ST - ZH	PD MCNAMEE, J APOPKA FL VST JAMISON, C. 1576 ROYAL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized I brida Statuti 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ve-named corpora es. gent signature require E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	Changing it Change Change	s registered registered IS IN 12 Addition
office agon SIGNATL 12. 11. 12. 11. 12. 11. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	PD PD PD PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J PD MCNAMEE, J Solution N PLYN POPKA FL VST JAMISON, C. 1576 ROYAL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized I brida Statut 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	Ve-named corpora by the corpora es. gent algnature require E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	Ition's board of directors. I hereby ac	e purpose o cept the app DATE	f changing it pointment as	is registered registered IS IN 12
office action SIGNATU 12. 1111E NAME STREET ADDR CITY-ST-20 FITLE STREET ADDR CITY-ST-20 TITLE NAME	PC registered agent, t. Lam familiar with, au JRE Source typed or pre- MCNAMEE, J MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI	Ve-named corpora by the corpora es. gent algnature require E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	Ition's board of directors. I hereby ac	DATE	Changing it Change Change	s registered registered IS IN 12 Addition
office action SIGNATU 12. 1111 STREET ADDR CITY - ST - 20 1111 STREET ADDR CITY - ST - 20 1111 STREET ADDR CITY - ST - 20 STREET ADDR CITY - ST - 20	PD registered agent, t. Lam familiar with, au IRE Source word or pre- MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section 6 and IRIE 7 appreable DIRECTORS	hange was e 607.0505, Fic INOTI DELETE DELETE	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY	VB-named corpora by the corpora es. gent algnature required E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP	Ition's board of directors. I hereby ac	DATE	Change	s registered registered IS IN 12 Addition
office agen	PD registered agent, t. Lam familiar with, au IRE Source word or pre- MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section 6 and IRIE 7 appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE	VB-named cor by the corpora es. gent algnature required E ET ADDRESS (-ST-ZIP) E ET ADDRESS (-ST-ZIP) E E ADDRESS (-ST-ZIP) E E ADDRESS (-ST-ZIP)	Ition's board of directors. I hereby ac	DATE	Changing it Change Change	s registered registered IS IN 12 Addition
office agon SIGNATL TILE NAME STREELADDE CITY-SL-ZIE TILE NAME STREELADDE CITY-SL-ZIE TILE NAME STREELADDE CITY-SL-ZIE TILE NAME	a or registered agent, t. Lam familiar with, av JRE Seguror oped or pro- MCNAMEE, J MCNAMEE, J MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section 6 and IRIE 7 appreable DIRECTORS	hange was e 607.0505, Fic INOTI DELETE DELETE	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	VB-named cor by the corpora es. gent algnature raque E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP	Ition's board of directors. I hereby ac	DATE	Change	s registered registered IS IN 12 Addition
office agon SIGNATL 12. THLE NAME STREET ADDR CHY-ST-20 THLE NAME STREET ADDR CHY-ST-20 THLE NAME STREET ADDR STREET ADDR STREET ADDR STREET ADDR	a or registered agent, t. Lam familiar with, av JRE Seguriter typed of pro- MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and little ^e appreable DIRECTORS	hange was e 607.0505, Fic INOTI DELETE DELETE	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	Ve-named cor by the corpora es. gent algnature required E EE ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP E ET ADDRESS - ST - ZIP	Ition's board of directors. I hereby ac	DATE	Change	s registered registered IS IN 12 Addition
office agion SIGNATL 12. THLE NAME STREET ADDR CITY-ST-ZIE THLE STREET ADDR CITY-ST-ZIE THLE STREET ADDR STREET ADDR STREET ADDR STREET ADDR THLE STREET ADDR THLE	a or registered agent, t. Lam familiar with, av JRE Seguriter typed of pro- MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and little ^e appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized 1 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ve-named cor by the corpora es. gent algnature raqu E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP I E ET ADDRESS -ST-ZIP	Ition's board of directors. I hereby ac	DATE	Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
office agon SIGNATU 12. DILE STREET ADD/ CITY-ST-20 HTLE NAME STREET ADD/ CITY-ST-20 HTLE STREET ADD/ CITY-ST-20 HTLE STREET ADD/ CITY-ST-20 HTLE STREET ADD/ STREET ADD/ STREET ADD/ STREET ADD/ STREET ADD/	e or registered agent, t. Lam familiar with, av JRE Seguritor typed or pre MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and little ^e appreable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized I brida Statut 13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 5.2 NAMI 5.3 STRE	ve-named corpora es. gent algnature required E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E ADDRESS	Ition's board of directors. I hereby ac	DATE	Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
office agon SIGNATL 12. THE STREET ADD CITY-ST-20 THE STREET ADD CITY-ST-20 THE STREET ADD CITY-ST-20 THE STREET ADD CITY-ST-20 THE STREET ADD STREET ADD STREET ADD CITY-ST-20	e or registered agent, t. Lam familiar with, av JRE Seguritor typed or pre MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appleable DIRECTORS	hange was e 607.0505, Fic INOTI	es, the abo authorized 1 Drida Statut 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 3.1 TITLE 3.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 5.1 TITLE 5.2 NAM	ve-named cor by the corpora es. gent algnature raque E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E E ADDRESS - ST- ZIP	Ition's board of directors. I hereby ac	DATE	Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
office action SIGNATL: 12. 11/LE NAME STREET ADDR CITY-ST-ZIE TITLE NAME STREET ADDR CITY-ST-ZIE TITLE STREET ADDR CITY-ST-ZIE TITLE	e or registered agent, t. Lam familiar with, av JRE Seguritor typed or pre MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appleable DIRECTORS	hange was e 607.0505, Fic INOTI DELETE DELETE DELETE DELETE DELETE	es, the abo authorized 1 inida Statut 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	VB-named corpora by the corpora es. gent algnature required E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP	Ition's board of directors. I hereby ac	DATE	Change Change Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
office agion SIGNATU 12. THUE NAME STREET ADDR CITY ST - 200 THUE NAME STREET ADDR CITY - ST - 200 THUE NAME STREET ADDR STREET ADDR STREET ADDR	e or registered agent, t. Lam familiar with, av JRE Signature typed or pre- PD MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS RESS RESS RESS	or both, in the State o nd accept the obligat of the of registered agent OFFICE RS AND IB. IOUTH SORRENTO	If Florida Such c ions of, Section f and life f appleable DIRECTORS	hange was e 607.0505, Fic INOTI DELETE DELETE DELETE DELETE DELETE	es, the abo authorized 1 13. 1.1 Title 1.2 NAM 1.3 STRE 2.4 City 3.1 Title 3.2 NAM 3.3 STRE 3.4 City 4.1 Title 4.2 NAM 4.3 STRE 4.4 City 5.1 Title 5.2 NAM 5.3 STRE 5.4 City 6.1 Title 5.2 NAM 5.3 STRE 5.4 City 6.3 STRE	VB-named cor by the corpora es. gent algnature required E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	Ition's board of directors. I hereby ac	DATE	Change Change Change Change Change Change Change Change	s registered registered IS IN 12 Addition Addition
office action SIGNATL: 12. 11/LE NAME STREET ADDR CITY-ST-20 TITLE STREET ADDR CITY-ST-20 TITLE NAME STREET ADDR CITY-ST-20 TITLE NAME STREET ADDR CITY-ST-20 TITLE NAME STREET ADDR CITY-ST-20 TITLE NAME STREET ADDR CITY-ST-20 TITLE NAME STREET ADDR CITY-ST-20 TITLE	e or registered agent, t. Lam familiar with, au JRE Source types or pre- PD MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS S RESS ARESS ARESS ARESS ARESS	or both, in the State o nd accept the obligat OFFICE RS AND B. IOUTH SORRENTO	If Florida Such c ions of, Section 6 and little f appreable DIRECTORS	hange was a 607.0505, Fic INOT	es, the abo authorized 1 13. 11 TITLE 12 NAMI 13 STRE 14 CITY 21 TITLE 22 NAMI 23 STRE 24 CITY 3.1 TITLE 32 NAMI 3.3 STRE 34. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI	Ve-named cor by the corpora es. gent algnature raquing E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	ition's board of directors. I hereby ac ired when reinstating) ADDITIONS/CHANGES TO OF	DATE DATE FICERS AND		s registered registered S IN 12 Addition Addition Addition Addition Addition
office agon SIGNATL: 12. 1111E NAME STREET ADD/ CITY-ST-20 TITLE NAME STREET ADD/ CITY-ST-20 TITLE NAME STREET ADD/ CITY-ST-20 TITLE NAME STREET ADD/ CITY-ST-20 TITLE NAME STREET ADD/ CITY-ST-20 TITLE NAME STREET ADD/ CITY-ST-20 TITLE NAME	e or registered agent, t. Lam familiar with, av JRE Signature typed or pre- PD MCNAMEE, J 6500 N PLYN APOPKA FL VST JAMISON, C. 1576 ROYAL APOPKA FL RESS APOPKA FL RESS AFESS AFESS	or both, in the State o nd accept the obligat OFFICE RS AND B. IOUTH SORRENTO L. OAKS DR	If Florida Such c ions of, Section 6 and IRIE 7 appreable DIRECTORS	hange was a 607.0505, Fic INOTI DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	es, the abo authorized 1 Drida Statut 13. 1.1 Title 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRE 6.4 CITY fy for the ex-	Ve-named cor by the corpora es. gent algnature required E ET ADDRESS - ST- ZIP E E ADDRESS - ST- ZIP	ition's board of directors. I hereby ac	DATE FICERS AND		s registered registered S IN 12 Addition Addition Addition Addition Addition

I