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	MENT #	H6149	98	(2)					
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Principal Place			Mailing A	Address			IAO COTOT ADAR OFDATA		IBAN BIBNI BIBAN NOBI
111 N. MI Largo fu Us	SSOURI AVENUE L 34640			BOX 1684 GO FL 34640		Date Incorporated or Qualific	ed <b>3a</b> Data	of Last F	Report
						06/12/1985		02/13/1	
	lace of Business  O 10th S	LCE	2a. Mailr 26	ng Address		4. FEI Number	•·- · · - <del> </del>		Applied For
Suite, Apt.		7, 5.6.				59-2541172			Not Applicable
2			27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired			Additional Required
City & State	10 Fr		28	R State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		<b>\$5.0</b> Adde	<b>0</b> May Be d to Fees
Zip 346	25 Cour 25 9. Name and Add	u.s.	29 3u	4649	Country 30	8. This corporation has liability Florida Statutes  10. Name and Address of New	Yes 🔲 No		199.032,
2708	N, BARRY M. ESQI ALT 19 N. SUITE 7 HARBOR FL 3468:	01			<b>82</b> Street Add <b>83</b>	dress (P.O. Box Number is Not Accep	otable)		
					84 City		FI	1 1 .	p Code
11. Pursuant t or register familiar wit	to the provisions of Se red agent, or both, in t th, and accept the obli	ctions 607.0502 ar the State of Florida igations of, Section	nd 607,1508 Such chang 1607,0505,	3, Florida Statut ye was authoriz Florida Statutes	es, the above named corpo	pration submits this statement for the and of directors. I hereby accept the a	FL purpose of cha ppointment as		
familiar wit _ SIGNATURE	th, and accept the obli	igations of, Section	607.0505.	Florida Statutes	es, the above named corpo ed by the corporation's boa	ard or unectors. Thereby accept the a	purpose of cha ppointment as		
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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 attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The Cost of the Corporation for 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 attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR