FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

USR, INC.

DOCUMENT # H81085



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90092 048 ***150.00



| | | | | | | | | | | (1) | 10 | | | | | |
|--|--|--|--|--|--|--|--|--|----------------------------|-----------------|--------------|-------------|-------------|----------------|---|-----|
| Principal Place | e of Business | | | failing Address | | | | | | | | | | | | |
| 3375 W. 4TH AVENUE | | | | 3375 W. 4TH AVENUE | | | | | 1 | | | | | | | |
| HIALEAH FL 33012 US | | | | HIALEAH FL 33012 US | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| 03 | | | Ů. | 3 | | | | | 3 Date Inco | proprated or Q | | | | | | 7 |
| | | | | | | | | - <u>-</u> | 10/14/1 | 1985 | | _ | | , | · | |
| 2. Principal P | lace of Busines | \$ | 2a | ı, Mailing Add | iress | | | | 4. FEI Num | | | | <u> </u> | | lied For | 4 |
| 21 | | | 26 | | | | | | 59-258 | 964U | | | | | Applicable | 4 |
| Suite, Apt. #, etc. | | | 27 | Suite, Apt. #, etc. | | | | | 5. Certifcate | of Status Des | sired | | | 75 Ad e Req | dditional quired | |
| City & State | | | | City & State | | | | | 6. Election | Campaign Fina | ancing | | \$5 | .00°N | vlay Be | 3 ≥ |
| 23 | | | 28 | 28 | | | | | Trust Fur | d Contribution | <u> </u> | لبا | | | Fees | ╛ |
| Zip | | Country | | Zip | | Count | try | | 8. This corp | oration owes t | the currer | nt year Int | angible | | | |
| 24 | 25 | | 29 | | 3 | 30 | | | Personal | Property Tax. | | | Yes | [| □No | ↲ |
| | 9. Name an | d Address of C | urrent Regi | stered Agent | | | | | 10. Name ar | nd Address of | New Re | gistered . | Agent | | | 4 |
| 010 | | -0.0 | | | | 8 | 31 M | Name | | | | | | | | |
| SACHER, CHARLES P. 2655 LEJEUNE ROAD | | | | | | | 12 5 | Street Addre | ess (P.O. Box N | lumber is Not | Acceptabl | le) | | | | 1 |
| SUIT | TE 1101 | | | | | 8 | 33 | | | | | | | | | 1 |
| COR | RAL GABLES I | FL 33134 | | | | | | | | | | | | | | _ |
| | | | | | | 8 | 34 (| City | | | | FL | 85 | Zip Co | ode | ĺ |
| 11. Pursuant | to the provision | s of Sections 60 | 7.0502 and 6 | 607,1508, Flor | rida Statutes | s the abo | | named corpo | oration submits | this statement | for the po | urpose of | changin | a its n | egistered | _ _ |
| office or r agent. I a | registered agent | , or both, in the and accept the | State of Flori | ida. Such chai | nge was aut | thorized t | ov the | e corporation | on's board of dire | ectors. I hereb | y accept | the appoi | ntment a | as regi | istered | 1 |
| office or r | registered agent ım familiar with, | t, or both, in the and accept the printed name of registe | State of Flori obligations of agent and title | ida. Such chai f, Section 607 a if applicable. | nge was aut '.0505, Florid | thorized t da Statute | es. | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ntment a | as regi | | - |
| office or r agent. I a | registered agent im familiar with, Signature, typed or i | t, or both, in the and accept the printed name of registe | State of Flori obligations of | ida. Such chai f, Section 607 e if applicable. ECTORS | nge was aut :0505, Florid (NOTE: F | thorized to da Statute Registered A | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | as regi | RS IN 12 | - |
| office or r agent. I a SIGNATURE | registered agent im familiar with, Signature, typed or p | t, or both, in the and accept the printed name of registe OFFICER | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 e if applicable. ECTORS | nge was aut '.0505, Florid | thorized by da Statute Registered Agents 1.1 TITLE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ntment a | as regi | | |
| office or r agent. I a SIGNATURE | registered agent im familiar with, Signature, typed or i PD RODRIQUE | t, or both, in the and accept the printed name of registe OFFICER, UBALDO S. | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 e if applicable. ECTORS | nge was aut :0505, Florid (NOTE: F | Registered Are 1.1 TITLE 1.2 NAM | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | as regi | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. | registered agent im familiar with, Signature, typed or p PD RODRIQUEZ 3375 W 4Th | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 e if applicable. ECTORS | nge was aut :0505, Florid (NOTE: F | thorized by da Statute Registered Agents 1.1 TITLE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | as regi | RS IN 12 | 7 |
| office or ragent. I a SIGNATURE 12. TITLE NAME | registered agent im familiar with, Signature, typed or p PD RODRIQUE | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 If applicable. ECTORS | nge was auf .0505, Florid (NOTE: F | Registered Are 13. 1.1 TITLE 1.2 NAM 1.3 STRE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS | registered agent im familiar with, Signature, typed or p PD RODRIQUEZ 3375 W 4Th | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 If applicable. ECTORS | nge was aut :0505, Florid (NOTE: F | Registered Are 1.3 NAM 1.3 STRE 1.4 CITY 2.1 TITLE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent im familiar with, Signature, typed or p PD RODRIQUEZ 3375 W 4Th | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 If applicable. ECTORS | nge was auf .0505, Florid (NOTE: F | Registered Are 13. 1.1 TITLE 1.2 NAM 1.3 STRE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent m familiar with, Signature, typed or p PD RODRIQUE, 3375 W 4TH HIALEAH FL | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 If applicable. ECTORS | nge was auf .0505, Florid (NOTE: F | Registered Are 1.3 NAM 1.3 STRE 1.4 CITY 2.1 TITLE | gent sig | e corporation | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent m familiar with, Signature, typed or p PD RODRIQUE, 3375 W 4TH HIALEAH FL | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 a f epplicable. ECTORS | nge was auf .0505, Florid (NOTE: F | Registered Art 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 | gent signer sign | ignature required DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOR | RS IN 12 Addition | |
| office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | registered agent m familiar with, Signature, typed or p PD RODRIQUE, 3375 W 4TH HIALEAH FL | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 a f epplicable. ECTORS | nge was auf .0505, Florid (NOTE: F | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 NAM 2.9 STRE 2.4 CITY 3.1 TITLE 2.4 CITY | E E E E E E E E E E E E E E E E E E E | ignature required DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOR | RS IN 12 | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent m familiar with, Signature, typed or p PD RODRIQUE, 3375 W 4TH HIALEAH FL | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 a f epplicable. ECTORS | nge was auf .0505, Florid (NOTE: F | 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 3.3 STRE 3.2 NAM | by thees. E E E E E E E F E E E E E E E E E E E | ignature required DDRESS ZIP | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOR | RS IN 12 Addition | |
| office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent m familiar with, Signature, typed or I PD RODRIQUEZ 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 a f epplicable. ECTORS | nge was auf .0505, Florid (NOTE: F | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITL 3.2 NAM 3.3 STRE | gent signates ge | podess DDRESS DDRESS DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOR | RS IN 12 Addition | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP | registered agent m familiar with, Signature, typed or I PD RODRIQUEZ 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE | 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 STRE 3.2 NAM 3.3 STRE 3.4 CITY | gent signed and signed | podess DDRESS DDRESS DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF inge | RS IN 12 Addition Addition | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent m familiar with, Signature, typed or I PD RODRIQUEZ 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | nge was auf .0505, Florid (NOTE: F | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE | gent signates ge | podess DDRESS DDRESS DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF inge | RS IN 12 Addition | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent m familiar with, Signeture, typed or i PD RODRIQUE, 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM | gent sk gent sk E E E E E E E E E E E E E | e corporation ignature required DDRESS ZIP DDRESS ZIP DDRESS ZIP | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF inge | RS IN 12 Addition Addition | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | registered agent m familiar with, Signeture, typed or i PD RODRIQUE, 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE 4.2 NAM 4.3 STRE | gent sk E E E E E E E E E E E E E | podess DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | CTOF inge | RS IN 12 Addition Addition | |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent m familiar with, Signeture, typed or i PD RODRIQUE, 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY | gent sig | podess DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | as regi | S IN 12 Addition Addition Addition | 7-1 |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent m familiar with, Signeture, typed or i PD RODRIQUE, 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE | gent signed sign | podess DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE | as regi | RS IN 12 Addition Addition | 7-1 |
| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent m familiar with, Signature, typed or p PD RODRIQUE 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 TITLE 5.2 NAM 5.3 TITLE 5.2 NAM 6.3 STRE 6.4 CITY 6.5 TITLE 6.5 NAM 6.5 STRE | gent sig | podess DDRESS ZIP DDRESS ZIP DDRESS ZIP | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | as regi | S IN 12 Addition Addition Addition | 7-1 |
| office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | registered agent m familiar with, Signature, typed or p PD RODRIQUE 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 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 5.2 NAM 5.3 STRE 5.2 NAM 5.3 STRE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE 5.4 STRE 5.3 | gent signal gent s | e corporation gnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | as regi | S IN 12 Addition Addition Addition | 7-1 |
| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent m familiar with, Signature, typed or p PD RODRIQUE 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.5 STRE 5.4 CITY 5.5 STRE 5.4 CITY | gent signal sign | e corporation gnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | CTOF inge | S IN 12 Addition Addition Addition Addition | |
| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent m familiar with, Signature, typed or p PD RODRIQUE 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 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 5.4 CITY 6.1 TITLE 5.4 CITY 6.1 TITLE 5.4 CITY 6.1 TITLE 5.5 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.5 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.5 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.5 NAM 5.5 STRE 5.4 CITY 6.1 TITLE | gent signated and | e corporation gnature required DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | CTOF inge | S IN 12 Addition Addition Addition | |
| office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent m familiar with, Signature, typed or p PD RODRIQUE 3375 W 4TH HIALEAH FI | t, or both, in the and accept the brinted name of registe OFFICER Z, UBALDO S. 1 AVENUE | State of Flori obligations of med agent and title RS AND DIRI | ida. Such chai f, Section 607 if epplicable. ECTORS | DELETE DELETE DELETE | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.5 STRE 5.4 CITY 5.5 STRE 5.4 CITY | gent signal sign | e corporation ignature required DDRESS DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS | on's board of dire | ectors. I hereb | y accept | DATE | ID DIRE Cha | CTOF inge | S IN 12 Addition Addition Addition 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. 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF