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| 12230 S. ASTER POINT 457 No and Blad 12230 S. ASTER POINT<br>PLORAL CITY FL 34436 Jon Reviews, Fla. FLORAL CITY FL 34436                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                             |                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified                                                    |                                                                                                                                                                                                                                           |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             | ed B. Ken                                                                     | *                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 01/01/1986                                                                                                      | ·                                                                                                                                                                                                                                         |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Place of Business<br>E. Highland                                                                                                                                                                                                                            |                                                                               | a. Mailing Address<br>  12230 <u> </u>                            | ALLOP PT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4. FEI Number                                                                                                   |                                                                                                                                                                                                                                           | pplied For                                                    |
| Suite, Apt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #, etc.                                                                                                                                                                                                                                                     | × N100 26                                                                     | Suite, Apt. #, etc.                                               | EONCL 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>59-2633591</u>                                                                                               |                                                                                                                                                                                                                                           | lot Applicable<br>Additional                                  |
| - /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             | 27                                                                            |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Certificate of Status Desired                                                                                | Fee R                                                                                                                                                                                                                                     | equired                                                       |
| City & Sta<br>I. T. n V E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | chess, F                                                                                                                                                                                                                                                    | la. 28                                                                        | City & State                                                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Election Campaign Financing<br>Trust Fund Contribution                                                       |                                                                                                                                                                                                                                           | May Be<br>to Fees                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Count                                                                                                                                                                                                                                                       |                                                                               | Zìp                                                               | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. This corporation owes or has p                                                                               |                                                                                                                                                                                                                                           |                                                               |
| 344                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                             | ess of Current Regi                                                           |                                                                   | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Personal Property Tax due Jur<br>10. Name and Address of New F                                                  |                                                                                                                                                                                                                                           | No                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NNEDY, BRUCE M                                                                                                                                                                                                                                              |                                                                               | stered Agent                                                      | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                                                                                           |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 230 S. ASTER POINT                                                                                                                                                                                                                                          |                                                                               |                                                                   | 82 Street Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Winifred B. Ke<br>Iress (P.O. Box Number is Not Accept                                                          | nnedy                                                                                                                                                                                                                                     |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORAL CITY FL 34436                                                                                                                                                                                                                                          |                                                                               |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12230 S. Aster                                                                                                  | . Point                                                                                                                                                                                                                                   |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             |                                                                               |                                                                   | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                                                                                                                                                                           |                                                               |
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| 11. Pursuant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to the provisions of Sec                                                                                                                                                                                                                                    | tions 607,0502 and                                                            | 607.1508, Florida Statute                                         | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Floral City<br>poration submits this statement for the                                                          |                                                                                                                                                                                                                                           | Code<br>4.36<br>ts registered                                 |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Sighature, typed or printed nerr                                                                                                                                                                                                                            | ne of registered agent and tit                                                | e if applicable. (NOTE                                            | es, the above-named corr<br>ulthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       ept the appointment as       ) /-/8-98       DATE                                                                                                                                             | 436<br>ts registered<br>registered                            |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signatura, typed or printed nam                                                                                                                                                                                                                             | id B. K.                                                                      | e if applicable. (NOTE                                            | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | poration submits this statement for the<br>ation's board of directors. I hereby acc                             | FL     34       purpose of changing i       ept the appointment as       )     /-18-98       DATE       ICERS AND DIRECTOR                                                                                                                | 4.36<br>ts registered<br>registered                           |
| SIGNATURE<br>2.<br>ITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature, typed or printed nerr                                                                                                                                                                                                                            | CAB. Ku<br>ne of registered agent and it<br>DFFICERS AND DIRE                 | e if applicable. (NOTE                                            | es, the above-named corr<br>ulthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       ept the appointment as       ) /-/8-98       DATE                                                                                                                                             | 436<br>ts registered<br>registered                            |
| IGNATURE<br>2.<br>TLE<br>AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D<br>                                                                                                                                                                                                                                                       | B. B. Kui<br>ne of registered agent and til<br>DFFICERS AND DIRE<br>E-M.      | e if applicable. (NOTE                                            | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>: Registered Agent signature requi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       ept the appointment as       )     /-18-98       DATE       ICERS AND DIRECTOR                                                                                                                | 436<br>ts registered<br>registered                            |
| SIGNATURE<br>2.<br>ITLE<br>WME<br>TREET ADDRESS<br>ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>-KENNEDY, BRUC<br>-457 HIGHLAND B<br>-INVERNESS FL-                                                                                                                                                                                                    | B. B. Kui<br>ne of registered agent and til<br>DFFICERS AND DIRE<br>E-M.      | International Contractions (NOTE)                                 | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | PL   34<br>purpose of changing i<br>ept the appointment as<br>) /-/ 8 - 9 8<br>DATE<br>ICERS AND DIRECTOP<br>☐ Change                                                                                                                     | 3.4.36<br>ts registered<br>registered<br>RS IN 12<br>Addition |
| SIGNATURE<br>2.<br>ITLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>-KENNEDY, BRUC<br>-457 HIGHLAND B<br>-INVERNESS FL-<br>DP                                                                                                                                                                                              | CAB. Ku<br>ne of registered agent and th<br>DFFICERS AND DIRE<br>E-M<br>H-VD- | e if applicable. (NOTE                                            | s, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       ept the appointment as       )     /-18-98       DATE       ICERS AND DIRECTOR                                                                                                                | ts registered<br>registered                                   |
| IGNATURE 2. TLE AME IREET ADORESS ITY-ST-ZIP TLE AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | International Contractions (NOTE)                                 | s, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                         | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | PL   34<br>purpose of changing i<br>ept the appointment as<br>) /-/ 8 - 9 8<br>DATE<br>ICERS AND DIRECTOP<br>☐ Change                                                                                                                     | ts registered<br>registered                                   |
| BIGNATURE<br>2.<br>TILE<br>AAME<br>ITY-ST-ZIP<br>TILE<br>AAME<br>ITHE<br>TILE<br>ITHE<br>TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | International Contractions (NOTE)                                 | s, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | PL   34<br>purpose of changing i<br>ept the appointment as<br>) /-/ 8 - 9 8<br>DATE<br>ICERS AND DIRECTOP<br>☐ Change                                                                                                                     | ts registered<br>registered                                   |
| SIGNATURE<br>2.<br>ITLE<br>AAME<br>ITREET ADDRESS<br>ITY-ST-ZIP<br>TLE<br>TLE<br>TLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | International Contractions (NOTE)                                 | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                  | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       pointment as       )     /-/8 - 98       DATE       ICERS AND DIRECTOF       Change                                                                                                           | Additio                                                       |
| SIGNATURE<br>ITLE<br>AAME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>ITLE<br>ITREET ADDRESS<br>ITY-ST-ZIP<br>ITLE<br>AAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | International Contractions (NOTE)                                 | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                      | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       potter       DATE       ICERS AND DIRECTOF       Change                                                                                                           | Additio                                                       |
| SIGNATURE 2 TITLE AME TREET ADDRESS ITY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | International Contractions (NOTE)                                 | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       potter       DATE       ICERS AND DIRECTOF       Change                                                                                                           | Additio                                                       |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | International Contractions (NOTE)                                 | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                      | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       potter       DATE       ICERS AND DIRECTOF       Change                                                                                                           | Additio                                                       |
| SIGNATURE 2 ITLE AAME TREET ADORESS ITY-ST-ZIP TTLE AAME TREET ADDRESS ITY-ST-ZIP TTLE AAME TREET ADDRESS ITY-ST-ZIP TTLE TREET ADDRESS ITY-ST-ZIP TTLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS<br>DELETE                        | s, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                             | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change                                                                           | Additio                                                       |
| SIGNATURE 2 TITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS<br>DELETE                        | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE                                                                                                                                                                                                                                                                                                                               | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change                                                                           | Additio                                                       |
| IGNATURE           IGNATURE           2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS                                  | s, the above-named corr<br>ulthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                          | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change                                                              | Additio                                                       |
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| SIGNATURE 2 ITLE AAME ITVET ADDRESS IFY-ST-ZIP ITLE AAME ITHEET ADDRESS ITY-ST-ZIP ITLE AAME ITY-ST-ZIP ITLE AAME ITY-ST-ZIP ITLE AAME ITY-ST-ZIP ITLE AAME AAME AAME AAME AAME AAME AAME AA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS                                  | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME                                                                                                                                                                                                                                                 | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change                                                              | Additio                                                       |
| SIGNATURE 2 2 TREET ADDRESS IFY-ST-ZIP TTLE AME TREET ADDRESS ITY-ST-ZIP TLE AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS                                  | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS                                                                                                                                                                                                                           | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     34       purpose of changing i       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change                                                              | Additio                                                       |
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| SIGNATURE SIGNATURE L L L L L L L L L L L L L L L L L L L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | O     Signature, typed or printed near     Signature, typed or printed near     C     D     KENNEDY, BRUC     -457 HIGHLAND B     INVERNESS FL     DP     KENNEDY, WINIFI     457 HIGHLAND B     INVERNESS FL     DVP     KENNEDY, MICH/     457 HIGLAND BL | RED B.                                                                        | In it applicable. (NOTE<br>CTORS<br>IN DELETE<br>DELETE<br>DELETE | s, the above-named corr<br>ulthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                        | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     3.4       purpose of changing i       purpose of changing i       ept the appointment as       DATE       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change | Addition                                                      |
| SIGNATURE SIGNATURE L L L L L L L L L L L L L L L L L L L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D<br>                                                                                                                                                                                                                                                       | RED B.                                                                        | In it applicable. (NOTE<br>CTORS<br>IN DELETE<br>DELETE<br>DELETE | es, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE                                                                                                                                                                                           | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     3.4       purpose of changing i       purpose of changing i       ept the appointment as       DATE       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change | Addition                                                      |
| SIGNATURE SIGNATURE L L L L L L L L L L L L L L L L L L L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | W JANE MARK                                                                                                                                                                                                                                                 | A B . K .<br>M C registered agent and fill<br>DFFICERS AND DIRE<br>E-M        | In it applicable. (NOTE<br>CTORS<br>IN DELETE                     | ss, the above-named corr<br>uthorized by the corpora<br>rida Statutes.<br>Registered Agent signature requi<br>13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4. CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | poration submits this statement for the<br>tion's board of directors. I hereby accu-<br>lifed when reinstating) | FL     3.4       purpose of changing i       pointment as       DATE       ICERS AND DIRECTOF       Change       Change       Change       Change       Change       Change       Change       Change                                     | Addition                                                      |