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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H95561

RE - LI - ON SERVICES, INC.

(7)

(

Principal Place of Business

Mailing Address

29 ANN LEE LANE TAMARAC FL 33319

29 ANN LEE LANE TAMARAC FL 33319-2464

## FILED Apr 24 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

| Suite, Apt. #, etc.    2   |                                       |  |  |   |                                       | 01/21/1986                            | 07/11/1996    |                |                                       |
|--|---------------------------------------|--|--|---|---------------------------------------|---------------------------------------|---------------|----------------|---------------------------------------|
| Suite, April #, etc.    Suite      | 2. Principal P                        | Place of Business 2a. Mailing Address  |  |   |                                       |                                       |               | Ar             | plied For                             |
| City & State  Ci     | 21                                    | <del></del>  |  |   | · · · · · · · · · · · · · · · · · · · | 59-2686090                            |               | No             | t Applicable                          |
| City & State   27  |                                       | Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |   |                                       | 5 Certificate of Status Desired       | Г             |                |                                       |
| 28   Tusk Fund Continuation   Added to Rees   Added to Rees   20   20   20   20   20   20   20   2   |                                       |  |  |   |                                       | Continuate of oldina Desired          | <u> </u>      | Fee Re         | quired                                |
| Section   Country   Section   Sect       | · '                                   |  |  |   |                                       | 6. Election Campaign Financing        |               | \$5.00         | May Be                                |
| B. Name and Address of Current Registered Agent  RENDO, VCTOR  29 ANN LEE LANE TAMARAC FL 33319  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes. the above-named corporation submits this statement for the purpose of changing as registered office or registered agent or both, in the State of Horids. Such change was submit-20 by the corporation's board of directors. Thereby accept the application are registered office or registered agent or both, in the State of Horids. Such change was submit-20 by the corporation's board of directors. Thereby accept the application are registered office or registered agent or both, in the State of Horids. Such change was submit-20 by the corporation's board of directors. Thereby accept the application are registered office or registered agent. In the Part of the Change and the Part of the Part of the Change and the Part of the Pa     | <del></del>                           |  |  |   |                                       | Trust Fund Contribution               |               | Added t        | to Fees                               |
| RENDO, VCTOR 29 ANN LEE LANE TAMARAC FL  81 Name 82 Stroot Address (P.O. Box Number is Not Acceptable)  83 Name 84 City FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment of both, in the State of londs Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment of both, in the State of londs Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment of segment of Section 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment of the statement for the purpose of changing its registered open or registered segment of Section 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment of Section 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered open or registered segment as the statement for the purpose of changing its registered segment of the statement for the purpose of changing its registered segment as the statement for the purpose of changing its registered segment as the statement of purpose of changing its registered segment as the statement for the purpose of changing its registered segment as the statement of purpose of changing its registered segment as the statement of purpose of changing its registered segment as the statement of the statement for the purpose of changing its registered segment as the statement for the statement as the statement as the statement     | •                                     | Country  |  | Country   |                                       | 8. This corporation has liability f   |               |                | . 199.032,                            |
| RENDO, WCTOR 29 ANN LEE LANE TAMARAC FL  11. Pursuant to the provisions of Socilors 607,0502 and 607,1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was author/cod by the corporation's board of directors. I horroby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was author/cod by the corporation's board of directors. I horroby accept the appointment as registered signal. I am familiar with, and accopt the obtigations of, Section 607,0505, Florida Statutes  SIGNATURE  SIG     | 24                                    |  |  |   |                                       |                                       |               |                |                                       |
| 28 ANN LEE LANE TAMARAC FL 33319  88 Street Address (P.O. Box Number is Not Acceptable)  89 City  FL 85 Zip Code  11. Pursuant to the previsions of Socilons 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agon, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered accept the displaymon of Section 607,0508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered accept the displaymon of Section 607,0508, Florida Statutes. The corporations board of directors. I hereby accept the appointment as registered office or registered provides accept the displaymon of Section 607,0508, Florida Statutes. The corporation submits this statement for the purpose of changing its registered office or registered provides accept the displaymon accept the appointment as registered office or registered office or registered accept the appointment as registered office or registered accept the displaymon accept the purpose of changing its registered of state of florida. Such changes accept the appointment as registered of state or registered was research.  9 ANN LEE LANE  1 ST   | · · · · · · · · · · · · · · · · · · · |  | nt Registered Agent  |   |                                       | 10. Name and Address of New           | Registered    | Agent          | · · · · · · · · · · · · · · · · · · · |
| TAMARAC FL 33319  183  184  187  185  185  |                                       |  | 81   | Name  |                                       |                                       |               |                |                                       |
| TAMARAC FL 33319  80  80  81  City FL 85  Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In member with, and accept the obligations of Section 607.0504, Price Statutes  81  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  81  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  81  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  81  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  81  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  82  Signature types of period name of registered aspect at the state of Florida Statutes (CT 505). Price Statutes  83  Signature types of period name of registered aspect to the state of Florida Statutes (CT 505). Price Statutes  84  Signature types of period name of registered aspect to the state of Florida Statutes (CT 505). Price Statutes (CT 505).      |                                       |  | 82   | 82 Street Address (P.O. Box Number is Not Acceptable) |                                       |                                       |               |                |                                       |
| ### Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the purcose of changing its registered agent. I am femiliar with, and accept the obligations of, Section 607.0505, Provisions board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of, Section 607.0505, Provisions Statutes  #### Signature  | TAMARAC FL 33319                      |  |  |   |                                       |                                       |               |                |                                       |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida. Such change was author/ord by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Socion 607.0506, Florida Statutes.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIREC     |                                       |  |  | 83  |                                       |                                       |               |                |                                       |
| 11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, in the State of Florida. Such change was author/ord by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Socion 607.0506, Florida Statutes.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE Symbol. typed or profite care of registered agent and refer it legistered.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INDITE SYMBOL. TO FIGURE SAND DIREC     |                                       |  |  | 94  | City                                  |                                       |               | DE ZID         | Codo                                  |
| agent. I am familiar with, and accopy the obtigations of, Section 607,0505, Florida Statutes  SIGNATURE  SIGNA     |                                       |  |  | 04  | City                                  |                                       | FL            | _  85   Zip (  | Code                                  |
| agent. I am familiar with, and accopy the obtigations of, Section 607,0505, Florida Statutes  SIGNATURE  SIGNA     | 11. Pursuant                          | to the provisions of Sections 607.05   | 02 and 607.1508, Florida Statute                                     | s, the above  | -named corp                           | oration submits this statement for th | e purpose c   | f changing it  | s registered                          |
| BIGNATURE    Symbol       | office or r                           | <b>egistered agent, or both, in the Stat</b><br><b>m familiar with, and accept the oblic</b> | e of Florida. Such change was a<br>rations of, Section 607,0505. Flo | iuthorized by<br>orida Statutes                       | the corporati                         | on's board of directors. I hereby ac- | ept the app   | pointment as   | registered                            |
| TILE  PRINDO, VICTOR  TILE  PRINDO, VICTOR  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS  TAMARAC FL  TITLE  DELETE  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TAMARAC FL  TITLE  OFFICERS AND DIRECTORS IN 12  TAMARAC FL  TAMARAC FL  TITLE  TAMARAC FL  TAMARAC FL  TAMARAC FL  TITLE  DELETE  TAMARAC FL  TAMARAC FL  TITLE  DELETE  TAMARAC FL  TITLE  DELETE  TAMARAC FL  TITLE  TAMARAC FL  TAMARAC FL  TAMARAC FL  TAMARAC FL  TITLE  DELETE  TAMARAC FL  TITLE  TIT     | •                                     |  |  |   |                                       |                                       |               |                |                                       |
| TITLE  MAME  RENDO, VICTOR  STRET ADDRESS  CITY-ST-2P  TITLE  DELETE  1.3 TREET ADDRESS  CITY-ST-2P  TOTAL  Addition  DELETE  1.4 TRUE  1.5 TRUE       | SIGNATURE                             | Signature, typed or printed name of registered as  | gord and title if applicable. (NOTE                                  | : Registered Age                                      | nt signature require                  | d when reinstating)                   | DATE          | <del></del>    |                                       |
| RENDO, VICTOR  29 ANN LEE LANE TAMARAC FL  1.3 STREET ADDRESS CITY-ST-2P  NAME  DEVLIN, WILLIAM G. 4701 LYONS RD #178 COCONUT CREEK FL  STREET ADDRESS CITY-ST-2P  NAME  RENDO, BONNIE  RENDO, BONNIE  STREET ADDRESS CITY-ST-2P  NAME  29 ANN LEE LANE  30 STREET ADDRESS CITY-ST-2P  NAME  20 ANN LEE LANE  30 STREET ADDRESS CITY-ST-2P  NAME  30 STREET ADDRESS CITY-ST-2P  NAME  4 2 MAKE  4 3 STREET ADDRESS CITY-ST-2P  NAME  STREET ADDRESS CITY-ST-2P  NAME  STREET ADDRESS CITY-ST-2P  10 DELETE  10 DELETE  10 DELETE  10 DELETE  10 STREET ADDRESS CITY-ST-2P  11 LE  10 DELETE  10 DELETE  10 STREET ADDRESS CITY-ST-2P  11 LE  10 DELETE  11 LE  12 Change  Addition  ADDRESS CITY-ST-2P  11 LE  12 Change  ADDRESS CITY-ST-2P  14 LEO hereby cartily that the information supplied with this filing does not qualify for the overnation earther was prepared to earth and prove serve the overnation earther than prove serve carbon to content as concerted and that many server than the provene carbon than the overnation of the carbon to carbon the content as concerted as and that many server than the content as and that many server than the content and the content as concerted as and that many server to content as concerted as and that many server than the content as and that many server the content as concerted as and that many server the content as concerted as and that many server the content as concerted as and that many server the content as concerted as and that many server the content as concerted as and that many server the content as concerted as and that many server th     | 12.                                   | OFFICERS AT  | ND DIRECTORS   | 13.   |                                       | ADDITIONS/CHANGES TO OF               | FICERS AND    | DIRECTOR       | S IN 12                               |
| STREET ADDRESS CITY-ST-ZIP TAMARAC FL TAMARAC FL TITLE V DEVLIN, WILLIAM G. STREET ADDRESS AFOIL LYONS RD #176 COCONUT CREEK FL  DELETE 31 TITLE ST COCONUT CREEK FL  DELETE 32 NAME CITY-ST-ZIP TITLE ST CITY-ST-ZIP TITLE ST CITY-ST-ZIP TITLE DELETE 33 TITLE 32 NAME CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 53 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 54 TITLE DELETE 55 TITLE DELETE      | TITLE                                 | P  | DELETE   | 1.1 TITLE   |                                       |                                       |               | Change         | ☐ Addilion                            |
| TAMARAC FL  TITLE  V DELETE  2.1 ITLE  V DELETE  2.1 ITLE  V DELETE  2.1 ITLE  V Addition  DEVIJN, WILLIAM G.  4701 LYONS RD #176  COCONUT CREEK FL  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  ST DELETE  3.2 NAME  STREET ADDRESS  COCONUT CREEK FL  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 ITLE  AMARAC FL  DELETE  4.2 NAME  4.2 NAME  4.2 NAME  4.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  ACCITY-ST-ZIP  ACCITY-ST-ZIP  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  ACCITY-ST-ZIP  ACC     | NAME                                  |  |  | 1.2 NAME  |                                       |                                       |               |                |                                       |
| TITLE  DELETE  21 ITLE  AMME  DEVIN, WILLIAM G.  4701 LYONS RD #176  COCONUT CREEK FL  TITLE  ST  OCCONUT CREEK FL  DELETE  31 ITTLE  ST  NAME  RENDO, BONNIE  32 NAME  STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  41 ITLE  41 ITLE  Change  Addition  Add     | STREET ADDRESS                        |  |  | 1.3 STREET  | ADDRESS                               |                                       |               |                |                                       |
| NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  DELETE  ST  ST  ST  ST  ST  ST  ST  ST  ST   | CITY-ST-ZIP                           | TAMARAC FL   |  | 1.4 CITY-ST   | I - ZIP                               |                                       |               |                |                                       |
| STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 23 STREET ADDRESS CITY-ST-ZIP TITLE ST RENDO, BONNIE 32 MAME RENDO, BONNIE 32 MAME STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DEL     | TITLE                                 | V  | DELETE   | 2.1 TITLE   |                                       |                                       |               | Change         | Addition                              |
| CITY-ST-ZP  COCONUT CREEK FL  ST  ITILE  ST  CHANGE  RENDO, BONNIE  STREET ADDRESS  29 ANN LEE LANE  32 STREET ADDRESS  CITY-ST-ZP  TAMARAC FL  DELETE  41 TITLE  Addition  ADELETE  ATTILE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  CITY-ST-ZP  TITLE  ALTITLE  ADDRESS  CITY-ST-ZP  TITLE  ADDRESS  AD     | NAME                                  |  |  | 2.2 NAME  | ]                                     |                                       | ,             |                |                                       |
| TITLE  NAME  RENDO, BONNIE  32 NAME  32 NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  41 TITLE  A3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  51 TITLE  DELETE  A4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  61 TITLE  DELETE  Change  Addition  Addi     | STREET ADDRESS                        | 4701 LYONS RD #176   |  | 2.3 STREET  | ADDRESS                               |                                       |               |                |                                       |
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| STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1.TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE A1.TITLE A1.STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE DELETE A1.TITLE DELETE DELETE A1.TITLE DELETE DELETE A1.TITLE DELETE DE     | TITLE                                 | ST   | DELETE   |   | <del></del>                           |                                       |               | Change         | Addition                              |
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| TITLE  NAME  \$TREET ADDRESS  CITY-ST-ZIP  \$44 CITY-ST-ZIP  TITLE  DELETE  \$5.1 TITLE  DELETE  \$5.1 TITLE  Change  Addition  Addition  Change  Change | City-St-7iP                           | TAMARAC FL   |  | 1   |                                       |                                       |               |                |                                       |
| STREET ADDRESS CITY-ST-ZIP  TITLE DELETE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME 5.2 NAME 5.2 NAME 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Change Addition Change Addition Addition Change Change Change Change Addition Change Cha     | TITLE                                 |  | DELETE   |   |                                       |                                       |               | Change         | Addition                              |
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| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  1.1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or the received present the same legislation for the same legislation indicated on this annual report or supplemental annual report or the received present the same legislation for the same legislation and discuss the same legislations and that my same this report or supplemental annual report or the received present this report as required by Change 607. Eloigida Statutes: and that my name   |                                       |  |  |   | AODRESS                               |                                       |               |                |                                       |
| TITLE    DELETE   5.1 TILLE   Change   Addition  |                                       |  |  |   | 1                                     |                                       |               |                |                                       |
| NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TILLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under eath, that an officer or director of the corporation or the received per trusted employered to execute this report as required by Change 1004 Statutes: and that my name.  |                                       |  | DELETE   |   |                                       |                                       |               | Спапре         | Addition                              |
| STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  Change Addition  AME  STREET ADDRESS  CITY-ST-ZIP  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual r     | i                                     |  | _  |   | ĺ                                     |                                       |               |                |                                       |
| CITY-ST-ZIP  54 CITY-ST-ZIP  54 CITY-ST-ZIP  6.1 TITLE      | - 1                                   |  |  |   | ADDRESS                               |                                       |               |                |                                       |
| TITLE  DELETE 6.1 TILLE 6.2 NAME  STREET ADDRESS CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplemental annual report or supplemental annual report or trustee employeed to execute and that my signature shall have the same legal effect as if made under oath; that are officer or director of the recognization or the recognization of the proposed to execute this report of the recognization of the recognizatio     |                                       |  |  |   |                                       |                                       |               |                |                                       |
| NAME  57REET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that are a officer or director of the congretation or the received or trustee employeed to execute this report as required by Chapter 607. Florida Statutes: and that my name   |                                       |  | DELETE   |   | - 210'                                |                                       |               | Change         | Addition                              |
| STREET ADDRESS  CITY-ST-ZIP  1. do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that an officer or director of the congression or the receiver or trustee employeed to execute this report as required by Chapter 607. Florida Statutes: and that my name  | 1                                     |  |  |   | Ì                                     |                                       |               | ondings        |                                       |
| 64 CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that are officer or director of the congration or the received or trustee employered to execute this report as required by Chapter 607. Florida Statutes, and that my name.  | 1                                     |  |  |   | ADDRESS                               |                                       |               |                |                                       |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legic effect as if made under oath, that have no discert or director of the congretation or the received or trustee employed to execute this report as required by Chapter 607. Florida Statutes, and that my name   |                                       |  |  |   |                                       |                                       |               |                |                                       |
| information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name  |                                       | ov certify that the information supplies   | ad with this filing does not qualif                                  |   |                                       | in Section 119 07(3)(i) Florida State | itas I furthe | r cortify that | tho                                   |
| Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name   | informatio                            | n indicated on this annual report or   | supplemental annual report is tr                                     | ue and accu   | rate and that                         | my signature shall have the same le   | igal effect a | s if made und  | der oath: tha                         |
| appears in Block 12 or Block 13 if changed, or on an attachment with an address.   | laman o                               | fficer or director of the corporation c  | or the receiver or trustee empowi                                    | ered to execu   | ute this report                       | as required by Chapter 607. Florid    | a Statutes; a | and that my n  | name                                  |