Applied For

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Not Applicable

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

→PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J19144

| Principal Place of Busin  | ness    | Mailing Address<br>C/O AON RISK SERVICES. INC. OF FLORIDA<br>1001 BRICKELL BAY DR., SUITE 1100<br>MIAMI FL 33131 |         |  |  |  |
|---|---------|--|---------|--|--|--|
| C/O AON RISK SERVICE<br>1001 BRICKELL BAY DR.<br>MIAMI FL 33131 |         |  |         |  |  |  |
|   |         |  |         |  |  |  |
| 2. Principal Place of B   | usiness | 2a. Mailing Address  |         |  |  |  |
| <del>-</del>  | usiness | 2a. Mailing Address<br>26  |         |  |  |  |
| <del>-</del>  | usiness | <u>—</u>   |         |  |  |  |
| Suite, Apt. #, etc.   | usiness | 26   |         |  |  |  |
| Suite, Apt. #, etc.   | usiness | Suite, Apt. #, etc.  |         |  |  |  |
| Suite, Apt. #, etc.  City & State                               | usiness | 26 Suite, Apt. #, etc.   |         |  |  |  |
| Suite, Apt. #, etc.   | usiness | 26 Suite, Apt. #, etc. 27 City & State 28  | Country |  |  |  |

**FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90065 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

.8. This corporation owes the current year Intangible

06/12/1986

65-6002372

4. FEI Number

| AON RISK SERVICES, INC. OF FLORIDA 1001 BRICKEL BAY DR. SUITE 1100 MIAMI FL 33131  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the advanced open company of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the advanced by the corporation submits this statement for the pursuand is registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the statement of the pursuand agent | 9. Name and Address of Current Registered Agent |  |                    |              | 10. Name and Address of New Registered Agent          |   |                            |                           |  |
|--|---|--|--------------------|--------------|---|---|----------------------------|---------------------------|--|
| 10.1 BRICKELL BAY DR. SUITE 1100 MIAMI FL 331313  10.2 STREET ADDRESS P.O. BOX Number is Not. No. Applicable by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 (508, Florida Statutes, the appointment as registered agent, and accept the obligations of, Section 607 (508, Florida Statutes). The control of directors is the appointment as registered agent a |   |  |                    | 81           | Name  | •   |                            |                           |  |
| NOT BHILDELL BAY DR.  SUITE 1100  MIAMI FL 33131  44 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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of. Section 607,0505, Florida Statutes.  SIGNATURE  35 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  CRange   Addition   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  STREET ADDRESS   13. STREET ADDRESS   13. STREET ADDRESS   13. STREET ADDRESS   14. CITY-ST-2P   12. TITLE   Change   Addition   15. Change   Additi | •   |  |                    | 82           | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                            |                           |  |
| MAMI FL 33131  4 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature, Typid or private dawns of registered agent and tile if applications of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO, OFFICERS AND DIRECTORS IN 12.  TITLE  ST DELETE 117THE Change Addition  ALDRICH, JOSE J.  31 STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  D BAXTER, ALAN J  10.281 SW 128 ST  10.281 SW 128 SW 128 SW 128 ST  10.281 SW 128 SW 128 SW 128 SW 12 |   |  |                    | 02           | Street Address (F.O. Box Humber is Not Acceptable)    |   |                            |                           |  |
| 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, or both, in the State of Florida. Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE |   |  |                    | 83           |   |   |                            |                           |  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 607,0505, Florida Statutes.    STATURE  | MIAN  | II FL 33131  |                    | 9.4          | City  |   | 85 7in                     | Code                      |  |
| office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's Doard of director's. I filterity accept in a appointment as registered agent. I am familiar with, and accept the obligations of, Section 607/9505, Florida Statutes.  SIGNATURE  Signature, typed or printed nerve of registered agent and take if appreciable (NOTE. Registered Agent agriculture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12. I TITLE  ST OFFICERS AND DIRECTORS IN 12. I TITLE  ALDRICH, JOSE J. 2845 SW 37TH AVE.  13 STREET ADDRESS  CITY-ST-ZP  MIAMI FL  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZP  MIAMI FL  Change  Addition  Addi |   |  |                    |              | ,   | • —   | .   _                      |                           |  |
| Change   Change   Change   Addition  | office or re                                    | oristered agent, or both, in the State of Florida, SUCD Ch   | ange was autho     | onzed by     | the corbo   | corporation submits this statement for the purpose of<br>oration's board of directors. I hereby accept the appoin | changing it<br>ntment as r | s registered<br>egistered |  |
| T12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE ST DELETE 1.1 TITLE 1.2 Change Addition  ALDRICH, JOSE J. STREET ADDRESS CITY-ST-ZP  MIAMI FL 1.3 STREET ADDRESS CITY-ST-ZP  MIAMI FL 1.4 CITY-ST-ZP  MIAMI FL 2.2 NAME  BAXTER, ALAN J STREET ADDRESS CITY-ST-ZP  MIAMI FL 2.2 NAME  STREET ADDRESS CITY-ST-ZP  MIAMI FL 2.4 NAME  STREET ADDRESS CITY-ST-ZP  MIAMI FL 2.4 CITY-ST-ZP   | SIGNATURE                                       | O) VIII VI oolijaahla  | /NOTE Peo          | uetered Agen | t eignature re  | DATE  |                            | i                         |  |
| TITLE ST DELETE 1.1 TITLE  | 13  |  | (NOTE: Neg         |              | ( aignatura i   |   | D DIRECT                   | ORS IN 12                 |  |
| ALDRICH, JOSE J. 2645 SW 37TH AVE. 2645 SW 37TH AVE. MIAMI FL  D  BAXTER, ALAN J 10261 SW 128 ST MIAMI FL  C  C  STREET ADDRESS  MIAMI FL  C  SCHEINER, MONROE L.  9000 CORAL REEF DR. MIAMI FL  D DELETE  4.1 TITLE  C  SCHEINER, MONROE L.  32 STREET ADDRESS  MIAMI FL  C  SCHEINER, MONROE L.  33 STREET ADDRESS  MIAMI FL  C  SCHEINER, MONROE L.  34 CITY-ST-ZP  MIAMI FL  C  STREET ADDRESS  MIAMI FL  C  STREET ADDRESS  MIAMI FL  DELETE  4.1 TITLE  ANAME  4.2 NAME  4.2 NAME  4.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZP  DELETE  5.1 TITLE  MAME  STREET ADDRESS  STREET ADDRESS |   |  | DELETE             |              |   | ABBITTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTO   |                            |                           |  |
| STREET ADDRESS CITY-ST-ZPP MAMI FL D D DELETE 21 TITLE D NAME BAXTER, ALAN J 22 HAME 23 STREET ADDRESS CITY-ST-ZPP MIAMI FL 24 CITY-ST-ZPP MIAMI FL 24 CITY-ST-ZPP MIAMI FL 24 CITY-ST-ZPP MIAMI FL 32 NAME 33 STREET ADDRESS CITY-ST-ZPP MIAMI FL 32 NAME 33 STREET ADDRESS MIAMI FL 32 NAME 33 STREET ADDRESS MIAMI FL 41 TITLE 41 TITLE 41 TITLE 41 TITLE 51 TITLE 51 TITLE 51 TITLE 52 NAME 53 STREET ADDRESS MIAMI FL 52 NAME 53 STREET ADDRESS MIAMI FL 54 NAME 55 NAME 56 NAME 57 NAME  |   |  |                    |              |   |   |                            | }                         |  |
| MIMM FL  D   DELETE   2.1 TITLE   Change   Addition    NAME   BAXTER, ALAN J   2.2 NAME    STREET ADDRESS   MIAMI FL   2.4 CITY-ST-ZPP    TITLE   C   DELETE   3.1 TITLE   Change   Addition    STREET ADDRESS   MIAMI FL   3.2 NAME    STREET ADDRESS   MIAMI FL   3.3 STREET ADDRESS    CITY-ST-ZP   MIAMI FL   DELETE   4.1 TITLE   Change   Addition    NAME   STREET ADDRESS   ADDRESS    CITY-ST-ZP   MIAMI FL   DELETE   3.1 STREET ADDRESS    CITY-ST-ZP   MIAMI FL   DELETE   4.1 TITLE   Change   Addition    NAME   STREET ADDRESS   ADDRESS    CITY-ST-ZP   STREET ADDRESS    CITY-ST-ZP   DELETE   5.1 TITLE   Change   Addition    NAME   STREET ADDRESS    CITY-ST-ZP   STREET ADDRESS    CITY-ST-ZP   DELETE   S.1 TITLE   Change   Addition    NAME   STREET ADDRESS    CITY-ST-ZP   DELETE   S.1 TITLE   Change   Addition    NAME   STREET ADDRESS    CITY-ST-ZP   CHANGE    NAME   STREET ADDRESS    CHANGE   CHANGE    NAME   STREET ADDRESS    CHANGE  |   |  |                    | 1.3 STREET   | ADDRESS   |   |                            |                           |  |
| D DELETE 2.1 TITLE 2.4 MAME BAXTER, ALAN J 2.2 MAME 2.4 MAME STREET ADDRESS 10261 SW 128 ST 2.3 STREET ADDRESS 10261 SW 128 ST 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP STREET ADDRESS 2.5 CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP MIAMI FL 3.5 STREET ADDRESS 2.5 CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP MIAMI FL 3.4 CITY-ST-ZIP MIAMI FL 3.5 STREET ADDRESS 3.5 STREET ADDRESS 4.4 CITY-ST-ZIP MIAME 4.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP MIAME 5.5 NAME 5.5 NAME 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP MIAME 5.5 NAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP MIAME 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP MIAME 5.5 STREET ADDRESS 5.5 STREE | ļ   |  |                    |              |   |   |                            |                           |  |
| BAXTER, ALAN J STREET ADDRESS 10261 SW 128 ST MIAMI FL C DELETE 3.1 TITLE C SCHEINER, MONROE L. 32 NAME SCHEINER, MONROE L. 32 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 4.1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A4 CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE C Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE C Change Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS STREE |   |  | DELETE             |              |   |   | ☐ Change                   | ☐ Addition                |  |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL C C DELETE 3.1 TITLE C SCHEINER, MONROE L. 9000 CORAL REEF DR. CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP C DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.5 STREET  |   |  |                    | 22 NAME      |   |   |                            | {                         |  |
| MIAMI FL C C DELETE 3.1 TITLE C SCHEINER, MONROE L. 32 NAME STREET ADDRESS CITY- ST- ZIP MIAMI FL DELETE 4.1 TITLE C C Addition NAME STREET ADDRESS CITY- ST- ZIP MIAMI FL DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.1 TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE DELETE 6.3 STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C Addition NAME STREET ADDRESS CITY- ST- ZIP TITLE C ADDRE |   | - · ·  |                    | 2.3 STREET   | ADDRESS   | •   |                            | 1                         |  |
| TITLE C   DELETE   3.1 TITLE   Change   Addition   NAME   SCHEINER, MONROE L.   3.2 NAME   STREET ADDRESS   CITY- ST- ZIP   MIAMI FL   DELETE   4.1 TILE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   4.2 NAME   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   DELETE   S.1 TITLE   Change   Addition   NAME   STREET ADDRESS   CITY- ST- ZIP   Change   Addition   NAME   STREET ADDRESS   CHANGE   Change   Addition   NAME   STREET ADDRESS   CHANGE   Change |   |  |                    | 2.4 CITY-S   | T-ZIP   |   |                            |                           |  |
| NAME SCHEINER, MONROE L. 9000 CORAL REEF DR. MIAMI FL  DELETE  1. TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1. TITLE  1. DELETE  4. 1 TITLE  4. 2 NAME 4. 2 NAME 4. 2 NAME 4. 3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  5. 1 TITLE 5. 1 NAME 5. 2 NAME 5. 2 NAME 5. 3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  6. 1 TITLE  NAME 6. 3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 6. 1 TITLE 6. 1 TITLE 6. 3 STREET ADDRESS CITY-ST-ZIP  TITLE 6. 3 STREET ADDRESS CITY-ST-ZIP  1. A L bereby certify that the information with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information  | TITLE   |  | DELETE             | 3.1 TITLE    |   |   | Change                     | ☐ Addition                |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 0.3 STREET ADDRESS CITY-ST-ZIP TITLE 0.4 DELETE 0.5 STREET ADDRESS CITY-ST-ZIP TITLE 0.5 STREET ADDRESS CITY-ST-ZIP 0.5 STREET ADDRESS CITY- | NAME  | •  |                    | 32 NAME      |   |   |                            | 1                         |  |
| MIAMI FL  34. CITY-ST-ZIP  TITLE  ANAME  4. 2 NAME  4. 2 NAME  4. 3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.1 TITLE  Addition  4. 2 NAME  4. 2 NAME  4. 2 NAME  4. 2 NAME  4. CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 Liberaby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information   | STREET ADORESS                                  | · - · · · · · · · · · · · · · · ·                            |                    | 3.3 STREET   | ADDRESS   |   |                            | ļ                         |  |
| TITLE  | CITY-ST-ZIP                                     |  |                    | 3.4. CITY-S  | T-ZIP   |   |                            |                           |  |
| A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS A4 CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition Change Addition Ad | TITLE   |  | DELETE             | 4.1 TITLE    |   |   | ☐ Change                   | Addition                  |  |
| CITY-ST-ZIP    A4 CITY-ST-ZIP  | NAME  |  |                    | 4.2 NAME     |   |   |                            | i                         |  |
| TITLE  | STREET ADDRESS                                  |  | :                  | 4.3 STREET   | ADDRESS   |   |                            | · · ·                     |  |
| NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  CANAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Liberaby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | CITY-ST-ZIP                                     |  |                    | 4.4 CITY-5   | T- ZIP  |   |                            |                           |  |
| 5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  1.4 Liberaby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information   | TITLE   |  | DELETE             | 5.1 TITLE    |   |   | Change                     | Addition                  |  |
| 5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  1.4 L hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information   | NAME  |  |                    | 5.2 NAME     |   |   |                            |                           |  |
| TITLE  DELETE  6.1 TITLE  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  14. L hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  | STREET ADDRESS                                  |  | ·                  | 5.3 STREE    | ADDRESS   |   |                            |                           |  |
| NAME  62 NAME  STREET ADDRESS  CITY-ST-ZIP  14. L hereby certify that the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information   | CITY-ST-ZIP                                     |  |                    |              | T-ZIP   |   |                            |                           |  |
| STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  1.4 L hereby certify that the information stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information  | TITLE   |  | DELETE             |              |   |   | Change                     | e  ☐ Addition             |  |
| 6.4 CITY-ST-ZIP  1.4 A Liberphy certify that the informatient 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  | NAME  |  |                    | 6.2 NAME     |   |   | •                          | Į                         |  |
| (117-51-21P)  All I hereby certify that the information upplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information  | STREET ADDRESS                                  |  |                    | 6.3 STREE    | TADDRESS  |   | •                          | [                         |  |
| 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information   | CITY-ST-ZIP                                     |  |                    |              |   |   |                            | }                         |  |
|  | 14. I hereby o                                  | ertify that the information supplied with this filing does n | ot qualify for the | e exempt     | on stated   | t in Section 119.07(3)(i), Florida Statutes. I further cer  | tify that the              | information               |  |

Block 12 or Block 13 if changed, or on with all other like empowered.

SIGNATURE:

16 8 3 . 1. 2