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

PROFIT " CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(7)

## **FILED** Feb 09 1998 8:00am Secretary of State

| COSM                                                                                                  | O INTERNATIONAL CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • •                                                                                                             |                                         |                            |                                       |                                                                                                                                             | _                                   |                              |                                       |        |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|---------------------------------------|--------|
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| Principal Place of Business Mailing Address                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       | 1 1001110 2117 2110 1111 1111 1111 1111                                                                                                     | 11 81811 611                        | ,,, <b>6,6</b> ,, <b>6</b> , | mit 4:4:1 4##1                        |        |
| 1441 SW 33RD PL 1441 SW 33RD PL 1441 SW 33RD PL FT. LAUDERDALE FL 33315-9861 FT. LAUDERDALE FL 33315- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| US US                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       | DO NOT WRITE IN                                                                                                                             | THIS SP                             | ACE                          |                                       |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       | 3. Date Incorporated or Qualified                                                                                                           |                                     |                              |                                       | ٦      |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                         |                            |                                       | 11/21/1986                                                                                                                                  |                                     |                              |                                       | - {    |
|                                                                                                       | Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a. Mailing Address                                                                                             | <del></del>                             |                            |                                       | 4. FEI Number                                                                                                                               |                                     | Δ.                           | Applied For                           | $\Box$ |
| Suite, Apt.                                                                                           | # 040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 26                                                                                                              | Suite, Apt. #, etc.                     |                            |                                       | 65-0002827                                                                                                                                  |                                     |                              | lot Applicabl                         | .e     |
| 22 30ite, Api.                                                                                        | #, e.c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 27                                      |                            |                                       | 5. Certificate of Status Desired                                                                                                            | J                                   |                              | Additional<br>Required                |        |
| City & Stat                                                                                           | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | City & State                            |                            |                                       | e Floation Compolar Financia                                                                                                                |                                     |                              |                                       |        |
| 23                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                                                                              |                                         |                            |                                       | 6. Election Campaign Financing Trust Fund Contribution                                                                                      | 1                                   |                              | May Be ito Fees                       | - 1    |
| Zip                                                                                                   | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                                                                             | Countr                                  | y                          |                                       | 8. This corporation owes or has paid th                                                                                                     | :<br>:e currer                      |                              |                                       | ᅱ      |
| 24                                                                                                    | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29 3                                                                                                            | ю                                       |                            |                                       | Personal Property Tax due June 30.                                                                                                          |                                     |                              | □ No                                  | Ī      |
|                                                                                                       | 9. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Registered Agent                                                                                                | -                                       | 1                          |                                       | 10. Name and Address of New Registr                                                                                                         | ered Ag                             | ent                          |                                       | コ      |
|                                                                                                       | IEDMAN, MARIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 | 81                                      | Na                         | me                                    |                                                                                                                                             |                                     |                              |                                       |        |
| 1441 SW 33RD PLACE<br>FT. LAUDERDALE FL 33315                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 82                                      | Stre                       | et Addres                             | ss (P.O. Box Number is Not Acceptable)                                                                                                      | -                                   |                              |                                       |        |
| Fi.                                                                                                   | LAUDERDALE PL 33315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | 83                                      | ļ <u>-</u>                 |                                       |                                                                                                                                             |                                     |                              |                                       | 4      |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 100                                     |                            |                                       |                                                                                                                                             |                                     |                              |                                       | ĺ      |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 84                                      | City                       | 1                                     |                                                                                                                                             | FL                                  | 85 Zip                       | Code                                  | ٦      |
| 11. Pursuant                                                                                          | to the provisions of Sections 607.0502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and 607.1508, Florida Statutes                                                                                  | , the abov                              | e-nan                      | ed corpo                              |                                                                                                                                             |                                     | <u>l</u><br>nanging          | its realstered                        | i      |
| office or r                                                                                           | egistered agent, or both, in the State of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Florida, Such change was aut                                                                                 | horized b                               | y the i                    | corporatio                            | ration submits this statement for the purpo<br>n's board of directors. I hereby accept the                                                  | appoin                              | tment as                     | s registered                          |        |
| SIGNATURE                                                                                             | The state of the s | 10110 01, 0000011 001.0000, 110110                                                                              | oa olalolo                              | ٥.                         |                                       |                                                                                                                                             |                                     |                              |                                       |        |
|                                                                                                       | Signature, typed or printed name of registered agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 777-10-1                                                                                                        | Registered Ag                           | ent sign:                  | ature required                        |                                                                                                                                             | ATE                                 |                              |                                       | _] [   |
| 12.                                                                                                   | OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | 13.                                     |                            |                                       | ADDITIONS/CHANGES TO OFFICERS                                                                                                               |                                     |                              |                                       | ] {    |
| TITLE                                                                                                 | BELMONT, J. FERNANDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DELETE                                                                                                          | 1.1 TITLE                               |                            |                                       |                                                                                                                                             | <u>L</u> .                          | Change                       | Addition                              | 1 3    |
| NAME<br>STREET ADDRESS                                                                                | 1441 S.W.33RD PLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | 1.2 NAME                                | * 40005                    | .                                     |                                                                                                                                             |                                     |                              |                                       | 3      |
| CITY-ST-ZIP                                                                                           | FT. LAUDERDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | 1.3 STREET                              |                            | <sup>50</sup>                         |                                                                                                                                             |                                     |                              |                                       | Ę      |
| TITLE                                                                                                 | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ DELETE                                                                                                        | 1.4 CITY - 5<br>2.1 TITLE               | DI-ZIF                     |                                       |                                                                                                                                             |                                     | Change                       | Addition                              | 7      |
| NAME ,                                                                                                | FRIEDMAN, MARIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 2.2 NAME                                |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| STREET ADDRESS                                                                                        | 1441 S.W.33RD PLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | 2.3 STREET                              | ADDRE                      | ss                                    |                                                                                                                                             |                                     |                              |                                       |        |
| CITY-ST-ZIP                                                                                           | FT. LAUDERDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | 2. 4 CITY-                              | ST-ZIP                     |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| TITLE                                                                                                 | Ī                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE 3.1 T/                                                                                                   |                                         |                            |                                       |                                                                                                                                             |                                     | Change                       | Addition                              | П      |
| NAME                                                                                                  | BLAISON, MARG G.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                                                                                                        | 3.2 NAME                                |                            |                                       | •                                                                                                                                           |                                     |                              |                                       | ì      |
| STREET ADDRESS                                                                                        | 2455 E SUNRISE BLVD., SUITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | : 720                                                                                                           | 3.3 STREET                              | ADDRE                      | ss                                    |                                                                                                                                             |                                     |                              |                                       |        |
| CITY-ST-ZIP                                                                                           | FT LAUDERDALE FL<br>V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C DELETE                                                                                                        | 3.4. CITY - 5                           | ST-ZIP                     |                                       |                                                                                                                                             |                                     |                              | T Line                                | 4      |
| TITLE                                                                                                 | V<br>BELMONT, JANINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | L DELETE                                                                                                        | 4.1 TITLE                               |                            |                                       |                                                                                                                                             | لــا                                | Change                       | Addition                              | ١.     |
| NAME<br>STREET ADDRESS                                                                                | 1441 SW 33RD PL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 4. 2 NAME                               |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| STREET ADDRESS CITY-ST-ZIP                                                                            | FT. LAUDERDALE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | 4.3 STREET                              |                            | 29                                    |                                                                                                                                             |                                     |                              |                                       |        |
| TITLE                                                                                                 | TT. D.OOLIUNEL TE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE                                                                                                          | 4.4 CITY - S<br>5.1 TITLE               | 1-211                      |                                       |                                                                                                                                             | $\overline{}$                       | Change                       | Addition                              | Η.     |
| NAME                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 5.2 NAME                                |                            |                                       |                                                                                                                                             |                                     | vgv                          |                                       |        |
| STREET ADDRESS                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 5.3 STREET                              | ADDRES                     | ss                                    |                                                                                                                                             |                                     |                              |                                       |        |
| City-St-ZIP                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | į                                                                                                               | 5.4 CITY - S                            |                            | İ                                     |                                                                                                                                             |                                     |                              |                                       |        |
| TITLE                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ DELETE                                                                                                        | 6.1 TITLE                               |                            |                                       |                                                                                                                                             |                                     | Change                       | Addition                              | 1      |
| NAME                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 6.2 NAME                                |                            |                                       |                                                                                                                                             |                                     |                              |                                       |        |
| STREET ADDRESS                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 6.3 STREET                              | ADDRES                     | ss                                    |                                                                                                                                             |                                     |                              |                                       |        |
| CITY - ST - ZIP                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al le Pite                                                                                                      | 6.4 CITY-S                              |                            |                                       |                                                                                                                                             |                                     |                              |                                       | 4      |
| indicated officer or of                                                                               | ermy that the information supplied with<br>on this annual report or supplemental :<br>director of the corporation or the receiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I this tiling does not quality for the<br>annual report is true and accura-<br>ver or trustee empowered to exi- | ne exemp<br>ate and the<br>ecute this i | iion st<br>at my<br>report | ated in Se<br>signature<br>as require | ection 119.07(3)(i), Florida Statutes. I furthe<br>shall have the same legal effect as if mad<br>ed by Chapter 607. Florida Statutes: and t | er certify<br>le under<br>that my r | that the<br>oath; the        | intormation<br>at I am an<br>mears in |        |

**SIGNATURE:** 

1/15/58