## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

(3)

| 1. Corporation N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i>5</i> ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                        |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------|
| Principal Place o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of Business                                                                                                                                                | Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · I I BENNIK CHNY CHNY CHIEN CHIEN CHIEN CHIEN CHIEN                               |                                                                                        |                                           |
| 7427 MERRILL RD<br>JACKSONVILLE FL 32211<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            | 7427 MERRILL RD<br>JACKSONVILLE FL 32211<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                        |                                           |
| US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            | US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Date Incorporated or Qualified                                                        | 3a. Date of Last Re<br>05/01/19                                                        |                                           |
| 2. Principal Plac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ea of Business                                                                                                                                             | 2a. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>12/05/1986 4.</b> FEI Number                                                          | t                                                                                      | Applied For                               |
| 2. Frincipal Flac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e or pusiness                                                                                                                                              | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 59-2752370                                                                               | <b>├</b> ─- <b>├</b>                                                                   | Not Applicable                            |
| Suite, Apt. #,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , etc.                                                                                                                                                     | Suite, Apt. #, et                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5. Certificate of Status Desired                                                         | T                                                                                      | Additional                                |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            | 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | ree F                                                                                  | Required                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                            | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Election Campaign Financing Trust Fund Contribution                                   | Added                                                                                  | May Be<br>I to Fees                       |
| Zip<br><b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country<br>25                                                                                                                                              | Ζιρ<br><b>[29</b> ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8. This corporation has liability for in Florida Statutes                                |                                                                                        | 199.032,                                  |
| -51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. Name and Address of Cure                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Name and Address of New Re                                                           | egistered Agent                                                                        |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                        |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NCY, CLIFTON M., JR                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 82 Street Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dress (P.O. Box Number is Not Acceptable                                                 | e)                                                                                     |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | arbor lake DR                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                        |                                           |
| JACKSONVILLE FL 32225                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                        |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | FL 85 Zg                                                                               | o Code                                    |
| 11. Pursuant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the provisions of Sections 607.05                                                                                                                          | 502 and 607.1508. Florida S<br>Ionda: Such change was au                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Statutes, the above-passed corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | pration submits this statement for the purp<br>and of directors. Thereby accept the appo | nose of changing its re                                                                | eg-stered office<br>agent Tam             |
| or registere<br>familiar with<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | id agent, or both, in the State of FI<br>i and accept the obligations of, S<br>signal or speed or protect represents a                                     | londa: Such change was au<br>section 607 0505, Florida St<br>genland the dapplicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statutes, the above-named corporation's bollatures the corporation's bollatures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and of directors. Thereby accept the appo                                                | uose of changing its ri<br>pintment as registered                                      | agent ram                                 |
| or registere familiar with SIGNATURE 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | id agent, or both, in the State of Fl<br>i and accept the obligations of S<br>Signature 5 and or protect remind residence a<br>OFFICERS.                   | loncia Such charge was au<br>section 607 0505, Florida St<br>god and the dagglorina<br>AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Statutes, the above-named corporation is bounded by the corporation is bounded by the corporation is bounded by the corporation in the corporation is presented by the corporation in th | and of directors. Thereby accept the appo                                                | pose of changing its re<br>parted parts of the parts<br>parts<br>CERS AND DIRECTO      | agent ram                                 |
| or registere familiar with SIGNATURE SIGNATURE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | id agent, or both, in the State of Fl<br>i and accept the obligations of, S<br>signariae spiral or protect remove representia<br>OFFICERS.                 | Concide Study Change was Autocommon 602 0505, Florida Student 602 0505, Florida Student 602 050 050 050 050 050 050 050 050 050 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Statutes, the above-named corporation zed by the corporation's bolatutes.  [to01: Registered Agent's greater register.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and of directors. Thereby accept the appo                                                | uose of changing its ri<br>pintment as registered                                      | agent ram                                 |
| or registere familiar with SIGNATURE.  112.  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | id agent, or both, in the State of FI and accept the obligations of, S  Spiral via Sand or protect harm of resoluted a  OFFICERS.  DP  SURRENCY, CLIFTON N | Concia: Such change was au Section 607 0505, Florida Stranda S | Statutes, the above-named corporation is bounded by the corporation is bounded by the corporation is bounded by the corporation in the corporation is presented by the corporation in th | and of directors. Thereby accept the appo                                                | pose of changing its re<br>parted parts of the parts<br>parts<br>CERS AND DIRECTO      | agent ram                                 |
| or registere familiar with SIGNATURE SITURE SIREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Concia: Such change was au Section 607 0505, Florida Stranda S | Statutes, the above-named corpx throrized by the corporation's bolatutes.  [holt: Registered Agent's gradue required.]  13.  [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and of directors. Thereby accept the appo                                                | pose of changing its re<br>parted parts of the parts<br>parts<br>CERS AND DIRECTO      | agent ram                                 |
| or registere familiar with SIGNATURE.  112.  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | id agent, or both, in the State of FI and accept the obligations of, S  Spiral via Sand or protect harm of resoluted a  OFFICERS.  DP  SURRENCY, CLIFTON N | Concia: Such change was au Section 607 0505, Florida Stranda S | Statutes, the above-named corporation and thor zed by the corporation's bolatures.  (tolit. Registered Agent's grature rear in the state of the stat | and of directors. Thereby accept the appo                                                | pose of changing its re<br>parted parts of the parts<br>parts<br>CERS AND DIRECTO      | RS IN 12                                  |
| or registere familiar with SIGNATURE SITULE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0506, Florida Structure 107 0506 Florida Florida Structure 107 0506 Florida Fl | Statutes, the above-named corporation and thor zed by the corporation's bolatures.  (tolit. Registered Agent's grature rear in the state of the stat | and of directors. Thereby accept the appo                                                | DOSE of changing its in introduction that is registered DATE  CERS AND DIRECTO  Change | ASIN 12                                   |
| or registere familiar with SIGNATURE SIGNATURE SITUE NAME SIREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0506, Florida Structure 107 0506 Florida Florida Structure 107 0506 Florida Fl | Statutes, the above-named corpx thror zed by the corporation's bolatures.    1001E   Projection   Agent's grather real will     13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and of directors. Thereby accept the appo                                                | DOSE of changing its in introduction that is registered DATE  CERS AND DIRECTO  Change | ASIN 12                                   |
| or registere familiar with SIGNATURE  12.  TILE NAME STREET ADDRESS CITY-S1- 2IP TILE NAME STREET ADDRESS CITY-S1- ZIP TILE NAME STREET ADDRESS CITY-S1- ZIP                                                                                                                                                                                                                                                                                                                                                                                                               | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0505, Florida Structure 107 0506, Florida Struct | Statutes, the above-named corpx thror zed by the corporation's bolatures.    1001   Projection Agent's grather real will be a state of the corporation's bolatures.    13.     1.5 MUF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Agent: Farm  RS IN 12  Addition  Addition |
| or registere familiar with SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE TITLE THE STREET ADDRESS CITY-S1-2IP TITLE                                                                                                                                                                                                                                                                                                                                                                                                    | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0506, Florida Structure 107 0506 Florida Florida Structure 107 0506 Florida Fl | Statutes, the above-named corpx thror zed by the corporation's bollatures.    13.   13.   13.   14.   14.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.   15.    | and of directors. Thereby accept the appo                                                | DOSE of changing its in introduction that is registered DATE  CERS AND DIRECTO  Change | ASIN 12                                   |
| or registere familiar with SIGNATURE  12.  11ILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME                                                                                                                                                                                                                                                                                                                                                                                                                           | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0505, Florida Structure 107 0506, Florida Struct | Statutes, the above-named corpx thror zed by the corporation's bolatures.    1001   Projection Agent's grather real will be a state of the corporation's bolatures.    13.     1.5 MUF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Agent: Farm  RS IN 12  Addition  Addition |
| or registere familiar with SIGNATURE  12.  11ILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                     | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0505, Florida Structure 107 0506, Florida Struct | Statutes, the above-named corpx thor year by the corporation's boll atures.    13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Agent: Farm  RS IN 12  Addition  Addition |
| or registere familiar with SIGNATURE  12.  11ILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME                                                                                                                                                                                                                                                                                                                                                                                                                           | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ioncia Such change was au section 607 0505, Florida Structure 107 0505, Florida Structure 107 0506, Florida Struct | Statutes, the above-named corporation's bolatures.    Notice   Proportion   Agent's graduatives.   13.   1.1   THUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Agent: Farm  RS IN 12  Addition  Addition |
| or registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                         | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such other ge was au ection 607 0505, Florida   Storeda   Storeda   AND DIRE CLORS   DELETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statutes, the above-named corporation's bolatures.    Notice   Proportion   Agent's graduatives.   13.   1.1   THUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Addition                                  |
| or registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE                                                                                                                                                                                                                                                                                                                                                  | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such other ge was au ection 607 0505, Florida   Storeda   Storeda   AND DIRE CLORS   DELETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statutes, the above-named corporation statutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Addition                                  |
| Or registere familiar with SIGNATURE  112.  111LE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                                                                                                                                                                                                                                                            | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such charge was au ection 607 0505, Florida Struction 607 0505, Florida Struction 607 0506, Florida Struction 607 0506   DELETI    | Statutes, the above-named corporation read by the corporation's bonatures.    13.   13.   13.   14.   14.   15.   15.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.    | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRE CTO  Change  Change                                                | Addition  Addition                        |
| Or registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such other ge was au ection 607 0505, Florida   Storeda   Storeda   AND DIRE CLORS   DELETI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Statutes, the above-named corporation of both thorsed by the corporation's both thorsed by the corporation's both thorse both  | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRECTO  Change                                                         | Addition                                  |
| Or registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME                                                                                                                                                                                                        | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such charge was au ection 607 0505, Florida Struction 607 0505, Florida Struction 607 0506, Florida Struction 607 0506   DELETI    | Statutes, the above-named corporation's bonatures.    13.   13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRE CTO  Change  Change                                                | Addition  Addition                        |
| Or registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                        | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such charge was au ection 607 0505, Florida Struction 607 0505, Florida Struction 607 0506, Florida Struction 607 0506   DELETI    | Statutes, the above-named corporation of both thoroed by the corporation's both atures.    13.   13.   13.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRE CTO  Change  Change                                                | Addition  Addition                        |
| OF registere familiar with SIGNATURE  112.  111.E  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP                                                                                                                                                                                                                           | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Such charge was au ection 607 0505, Florida Struction 607 0505, Florida Struction 607 0506, Florida Struction 607 0506   DELETI    | Statutes, the above-named corporation's boat thorzed by the corporation's boat total.    13.   13.   14.   14.   15.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   1 | and of directors. Thereby accept the appo                                                | DATE  CERS AND DIRE CTO  Change  Change                                                | Addition  Addition                        |
| OF registere familiar with SIGNATURE  12.  11LE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                    | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Suph change was au ection 607 0505, Florida Streetion 607 0505, Florida Streetion 607 0505   Florida Streetion 607 0505   DELETION      | Statutes, the above-named corporation's boat thorzed by the corporation's boat total.    13.   13.   14.   14.   15.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   16.   1 | and of directors. Thereby accept the appo                                                | DATE  DATE  CERS AND DIRECTO  Change  Change                                           | Addition  Addition  Addition              |
| OF registere familiar with SIGNATURE  12.  11LE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME                                                                                                                                                                                                       | of agent, or both, in the State of FI and accept the obligations of, S  OFFICERS  DP  SURRENCY, CLIFTON N  12013 ARBOR LAKE DR                             | Ionda   Suph change was au ection 607 0505, Florida Streetion 607 0505, Florida Streetion 607 0505   Florida Streetion 607 0505   DELETION      | Statutes, the above-named corporation and the corporation's boat atores.    13.   13.   14.   12.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14 | and of directors. Thereby accept the appo                                                | DATE  DATE  CERS AND DIRECTO  Change  Change                                           | Addition  Addition  Addition              |

Da/\* tree Stone #