P CORF ANNU	NOW: FILIN ROFIT PORATION AL REPORT		FLORIDA DEP Sandra Secre	ARTMENT OF STATE B. Mortham etary of State F. CORPORATIONS	May 04 1998 Secretary of		
DOCUN 1. Corporation GARY PI Principal Place	Layer Design		(4)				
10 SE CENTRA		10	D SE CENTRAL PKW	r			
325 Stuart FL 34994			25 Tuart Fl 34994		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
US		Ŭ			3. Date Incorporated or Qualified		
2. Principal Pla	re of Business	20	Mailing Address		04/27/1987 4. FEL Number	Applied For	
21	CO OF EIGSTICS			NOLLWOOD DR	59-2793025	Not Applicable	
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.		I & Certificate of Status Desired I I	.75 Additional	
2] City & State		27	City & State			ee Required	
23			PALM CI		Trust Fund Contribution	dded to Fees	
Zip	Couni 25	Iry [29]	Zip FC	Country 30 34990	<ol> <li>This corporation owes or has paid the current ye Personal Property Tax due June 30.</li> </ol>		
10 S Suit	Legate, James R E Central PKW1 E 325 Art Fl 34994			B2 Street	Address (P.O. Box Number is Not Acceptable) 332 SW KNOLLWOOD DR But City FL B5	Zip Code	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac	ł	17. 1508, Florida Sta la Such chango wa Section 607 0505, Section 607 0505, Magdecilio (N	82 Street 83 84 City	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 91m C1+4 FL 85 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointment Warman R Applicant 4-	Zip Code <b>SY990</b> ging its registered ont as registered <b>SS-98</b>	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE SIGNATURE	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agont, or boi familiar with, and ac JAMES A spature typest or purer d ran	clions 607 0502 and 60 in, in the State of Floric cept the obligations of	OWNER Itappleable (N 210RS	82 Street 83 84 City s authorized by the con Florida Statutes. (Ott. Registered Agent sgnature 13.	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 910 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Comment R Apply 4- Togried whon teinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ging its registered ont as registered <i>SS-98</i> CTORS IN 12	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agont, or boil familiar with, and ac JAMES Apple or prime a rai	ctions 607.0502 and 60 In, in the State of Floric cept the obligations of STPLCGAFE or of registered agent and the OFFICERS AND DIRE C	DWNER	B2 Street     B3     B4 City     tutes, the above-named     s authorized by the corp     Florida Statutes.     Ote Registered Agent signature     13.     1.1 TITLE     1.2 NAME     1.3 STREET ADDRESS	Address (P.O. Box Number is Not Acceptable) 33 3 SW KNOLLWOOD DR 31 M CITY FL 85 corporation submits this statement for the purpose of change oration's board of directors. I hereby accept the appointme where the purpose of change oration's board of directors. I hereby accept the appointme Market Market 4- Topined when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ging its registered ont as registered SS-98 CTORS IN 12	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES America FD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric coept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.	OWNER Itappleable (N 210RS	82     Street       83     84       84     City       iutes, the above-named sauthorized by the corporation of the corporation of the corporation of the second second second of the second second second of the second secon	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 910 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Comment R Apply 4- Togried whon teinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	ging its registered ont as registered SS-98 CTORS IN 12 ange Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE III. SIGNATURE SITEET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES America FD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       sauthorized by the configuration     Florida Statutes.       01t     Registered Agent signature       13.     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITY-S1-ZIP     2.1 TITLE	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 31m C1+4 FL 85 Corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme WMWR R Application 4- Topined whon reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD X Ch APPLE GOTE, JAMES R 1332 SW KNOLLWOOD DR FALM CITY FL 34980	ging its registered ont as registered SS-98 CTORS IN 12 ange Addition	
10 S SUIT STU/	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES America FD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       Iutes, the above-named s authorized by the corp Florida Statutes.       01t     Registered Agent signature       13.     1.1       1.1     TILE       1.2     NAME       1.3     STREET ADDRESS       1.4     City-S1-ZiP       2.1     STREET ADDRESS       2.4     City-S1-ZiP       3.1     TITLE	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 31m C1+4 FL 85 Corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme WMWR R Application 4- Topined whon reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD X Ch APPLE GOTE, JAMES R 1332 SW KNOLLWOOD DR FALM CITY FL 34980	ging its registered ant as registered CTORS IN 12 Pange Addition pange Addition	
10 S SUIT STU/	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       Iutes, the above-named       s authorized by the corp       Florida Statutes.       (Dit Registered Agent signature       13.       1.1 Title       1.2 NAME       1.3 STREET ADDRESS       1.4 City - S1 - ZiP       2.1 Title       2.3 STREET ADDRESS       2.4 City - S1 - ZiP       3.1 Title       3.2 NAME	Address (P.O. Box Number is Not Acceptable) 332 SW KNOLLWOOD DR 32m C1+4 FL B5 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme 2mme R Applicit 4- Togried when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD QC APPLE GOTE, JAMES R 1332 SW KNOLLWOOD DR PALM CITY F-L 34990 Ch	ging its registered ant as registered CTORS IN 12 Pange Addition pange Addition	
10 S SUIT STU/	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       Iutes, the above-named s authorized by the corp Florida Statutes.       01t     Registered Agent signature       13.     1.1       1.1     TILE       1.2     NAME       1.3     STREET ADDRESS       1.4     City-S1-ZiP       2.1     STREET ADDRESS       2.4     City-S1-ZiP       3.1     TITLE	Address (P.O. Box Number is Not Acceptable) 332 SW KNOLLWOOD DR 32m C1+4 FL B5 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme 2mme R Applicit 4- Togried when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD QC APPLE GOTE, JAMES R 1332 SW KNOLLWOOD DR PALM CITY F-L 34990 Ch	ging its registered ant as registered CTORS IN 12 ange Addition hange Addition	
10 S SUIT STU/	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       83     84       84     City       85     84       86     84       87     84       88     City       89     84       89     City       80     84       81     City       83     Street Appendix gradure       13     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITY - S1 - ZIP     2.1 TITLE       2.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY - S1 - ZIP       3.4 CITY - S1 - ZIP     4.1 NTLE	Address (P.O. Box Number is Not Acceptable) 332 SW KNOLLWOOD DR 32m C1+4 FL B5 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme 2mme R Applicit 4- Togried when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD QC APPLE GOTE, JAMES R 1332 SW KNOLLWOOD DR PALM CITY F-L 34990 Ch	ging its registered ant as registered SS-98 CTORS IN 12 ange Addition hange Addition	
10 S SUIT STU/	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82       Street         83       84         84       City         Florida Statutes.       (0)         10       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 City - S1 - ZiP         3.1 TITLE         3.2 STREET ADDRESS         2.4 City - S1 - ZiP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 City - S1 - ZiP         4.1 NTLE         4.2 NAME	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 914 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Date 4- Comment R Apply 4- Togined when teinstained DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered ant as registered SS-98 CTORS IN 12 ange Addition hange Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE 12. 11. 12. 11. 12. 11. 11. 12. 11. 11.	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82     Street       83     84       84     City       83     84       84     City       85     84       86     84       87     84       88     City       89     84       89     City       80     84       81     City       83     Street Appendix gradure       13     1.1 TITLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITY - S1 - ZIP     2.1 TITLE       2.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY - S1 - ZIP       3.4 CITY - S1 - ZIP     4.1 NTLE	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 914 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Date 4- Comment R Apply 4- Togined when teinstained DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered ant as registered SS-98 CTORS IN 12 ange Addition hange Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE 12. 11. 12. 11. 11. 12. 11. 11. 11. 11.	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82       Street         83       84         84       City         Florida Statutes.       ()         01t       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP       2.1 TITLE         2.1 STREET ADDRESS       2.4 City - S1 - ZiP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4 City - S1 - ZiP         3.1 TITLE       4.2 NAME         3.3 STREET ADDRESS       3.4 City - S1 - ZiP         4.1 NTLE       4.2 NAME         4.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.1 TITLE	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 914 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Date 4- Comment R Apply 4- Togined when teinstained DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD DATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered       SS-98       CTORS IN 12       ange     Addition       nange     Addition       ange     Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE II. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82       Street         83       84         84       City         Florida Statutes.       ()         01t       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP       2.1 TITLE         2.1 AME       2.3 STREET ADDRESS         2.4 City - S1 - ZiP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4. City - S1 - ZiP       3.1 TITLE         4.1 NITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.1 TITLE         5.2 NAME       5.2 NAME	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 314 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme year R Apply 4- Togined when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD ATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered       ant as registered       SS-91       CTORS IN 12       ange     Addition       hange     Addition       hange     Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE II. TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric cept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		82       Street         83       84         84       City         Florida Statutes.       ()         01t       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP       2.1 TITLE         2.1 STREET ADDRESS       2.4 City - S1 - ZiP         3.1 TITLE       3.2 NAME         3.3 STREET ADDRESS       3.4 City - S1 - ZiP         3.1 TITLE       4.2 NAME         3.3 STREET ADDRESS       3.4 City - S1 - ZiP         4.1 NTLE       4.2 NAME         4.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.1 TITLE	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 314 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme year R Apply 4- Togined when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD ATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered       ant as registered       SS-91       CTORS IN 12       ange     Addition       hange     Addition       hange     Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE II. TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric coept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.		B2       Street         B3       B4         B4       City         Sauthorized by the correlated sauthorized by the correlated statutes.       City         Cite       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP       2.1 TITLE         2.1 AME       2.3 STREET ADDRESS         2.4 City - S1 - ZiP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4. City - S1 - ZiP       4.1 NTLE         4.2 NAME       4.3 STREET ADDRESS         4.4 City - S1 - ZiP       5.1 TITLE         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       5.4 City - S1 - ZiP         6.1 TITLE       5.4 City - S1 - ZiP	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 314 C1+4 FL 95 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme year R Apply 4- Togined when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD ATE 1332 SW KNOLLWOOD DR 1332 SW KNOLLWOOD DR PALM C1+4 F-L 34990 Ch	ging its registered         SS-91         CTORS IN 12         ange       Addition         nange       Addition         ange       Addition         ange       Addition         ange       Addition         ange       Addition         ange       Addition	
10 S SUIT STU/ 11. Pursuant to office or reg agent. I am SIGNATURE 50 12. TITLE	E CENTRAL PKWY E \$25 ART FL 34994 the provisions of Sec gistered agent, or boil familiar with, and ac JAMES Manuel typed or prime draw gradure typed or prime draw PD APPLEGATE, JAN 10 SE CENTRAL	chons 607 0502 and 60 In, in the State of Floric coept the obligations of 2 <b>MTPLCGFFE</b> of FICERS AND DIREC WES R.	CHO AL LETE	B2       Street         B3       B4         B4       City         Florida Statutes.       City         Cit       Registered Agent signature         13.       1.1 TITLE         1.2 NAME       1.3 STREET ADDRESS         1.4 City - S1 - ZiP       2.1 TITLE         2.1 AME       2.3 STREET ADDRESS         2.4 City - S1 - ZiP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4. City - S1 - ZiP       3.1 TITLE         4.1 NITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 City - S1 - ZiP         5.1 TITLE       5.1 TITLE         5.2 NAME       5.3 STREET ADDRESS         4.4 City - S1 - ZiP       5.1 TITLE         5.2 NAME       5.3 STREET ADDRESS         4.4 City - S1 - ZiP       5.1 TITLE         5.3 STREET ADDRESS       5.4 City - S1 - ZiP	Address (P.O. Box Number is Not Acceptable) 333 SW KNOLLWOOD DR 31m C/+4 FL 85 corporation submits this statement for the purpose of change ioration's board of directors. I hereby accept the appointme Manual R Applicated 4- togeneed when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE PD ACCH APPLE GATE, JAMES R 1332 SW KNOLLWOOD DR PALM CIHY FL 34990 Ch	ging its registered         SS-98         CTORS IN 12         ange       Addition         nange       Addition         ange       Addition         nange       Addition         nange       Addition         nange       Addition         nange       Addition	