Import In Car Value (In Car	240     Jul // Life		BUSINESS REI	PORT (UBR)	Jun 06, 20	
UD       JULIANAY E, OBILS, HL 33330         In lace of Business       Mailing Address         SAME AJ ABOVE       UD 1014488         Charles AJ ABOVE       UD 1014488         Charles ABOVE       Sole, Ant. 4 ac         Charles AJ ABOVE       Sole, Ant. 4 ac         Charles AL ABOVE       Sole, Ant. 4 ac         Salar       Country         Salar       Country         And Tabove       Sole, Ant. 4 ac         Country       Country         Salar       Country         And Address FO. Box Marbels ABOVE       Pre- Regulated         DAVI/Ed. ADVE       Steel Address FO. Box Marbels IN Acceptable         DAVI/Ed. (Charles ADVERSED ADVERSE	240     Jul IIIAAVE, DAVE, IC 33330     DOUDESCOUND FOILT IT INTO DOUDESCOUND FOILT INTO DOUDESCOUND FOILT IT INTO DOUDESCOUND FOILT IT INO	MANELINGA	AJJOCIATES			•
The of Dusiness  PARE AJ ABOVE  PARE AL ABOVE  PAR	Maing Address   JAME AJ HSOVE   JAME AJ			1 11221	06-06-2000 900	011 011 ***150.00
SAME AS ABOVE       UDIDUCESS         implementation of the standard sta	JAME AJ 480VE       UIUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU			00000		
Character and Address of Current Registered Agent     Country	Charles of Book and Book		-			
Light Key Might Key Might Abort 200 C/X:mic J, NVA H74A46 VA       Job NOT WAITE IN THIS SPACE         A tot 4 aid       Suite And 4 aid       33333         A sear       Clay 4 State       4. El Number       Extra Applicant         A sear       Country       40       Country       5. Certification of State Certification of Stat	LANCE       PRODUCT       State       Journ Apt A reic       Journ Apt A reic <t< td=""><td>JAME AJ TISOV</td><td>2</td><td></td><td><b>H</b>U1U1488</td><td></td></t<>	JAME AJ TISOV	2		<b>H</b> U1U1488	
Light Key Might Key Might Abort 200 C/X:mic J, NVA H74A46 VA       Job NOT WAITE IN THIS SPACE         A tot 4 aid       Suite And 4 aid       33333         A sear       Clay 4 State       4. El Number       Extra Applicant         A sear       Country       40       Country       5. Certification of State Certification of Stat	LANCE       PRODUCT       State       Journ Apt A reic       Journ Apt A reic <t< td=""><td>(phase a</td><td>ala</td><td></td><td>-</td><td></td></t<>	(phase a	ala		-	
Actu. # act.       Suite. Act. # etc.       36343         IMULDED       Cluy & State       Actu. # act.         A State       Cluy & State       Actu. # act.         Country       2/b       Country       1/b         A State       Actu. # act.       State       Actu. # act.         A State       Country       2/b       Country       State         A State       Actu. # act.       State       Actu. # act.       State       Actu. # actu.         A State       Country       2/b       Country       State       Actu. # actu.       State.       Actu. # actu.       State.       State.       Actu. # actu.       State.			3. Mailing Address			
A Base       Coy & State       4. FED Number       Implicit Pro- Country         Country       Zip       Country       6. Country       7. Name and Address of State Dealed       78. 75. Additional Tree Required         20.0       Marce and Address of Coursen Registeried Agent       7. Name and Address of New Registeried Agent       7. Name and Address of New Registeried Agent         20.40       John J.J.C.L.M.R. Build State Dealer       100000       7. Name and Address of New Registeried Agent         DAVID & J.J.C.L.M.R. Build State Country       State Country       State Country       FL       Zip Code         DAVID & J.J.C.L.M.R. Build State Country State College State College State College State College       State College State Colege State College State College State College	a Save City & State City & State City & State Country			6 H NW HTLAN		SPACE
Country         Zip         Country         Second and a status beard         Second and a stat	Country         Zp         Country         Security         Sec			رەد <i>ە</i> ە		
Country         Zip         Country         S. Certificate of Status Desired         \$8.75 Acciliance Fiele Recurited Fiele Recurited Fiele Recurited Street Address of New Registered Agent           Image: Supple Street Address of New Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Street Address (PO. Box Number is Not Acceptable)           Image: Supple Street Address (PO. Box Number is Not Acceptable)         FL           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Supple Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Street Address (PO. Box Number is Not Acceptable)         Ont           Image: Street Address (PO. Box Number is Not Acceptable)         Dot           Image: Street Address (PO. Box Number is Not Acceptable)         Dot </td <td>Country       Zip       Country       S. Certificate of Status Desired       \$8,75 Additional Fee Reguladid Fee Reguladid         AbeCume A/IXEN/RAD Support       IN Error and Address of Current Registered Agent       I. Name and Address of New Registered Agent         AbeCume A/IXEN/RAD Support       In Error and Address of New Registered Agent       In Error and Address (PO. Box Number is Not Acceptable)         Watter, AC 33330       Street Address (PO. Box Number is Not Acceptable)       In Error and Address (PO. Box Number is Not Acceptable)         With Country is interment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Onto:         With Country is interment and elects to do its adjuster       Onto:       Intermentation         Apprint Provide in a elects to do its adjuster       Onto:       Intermentation       Adjuster is adjuster in a state of Plorida.         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         Provide in a state of the state of the state of the state of Plorida.       Intermentation       Adjuster in a state of the state of Plorida.         VIRE<td>&amp; State</td><td>City &amp; State</td><td></td><td>4. FEI Number 65004 8989</td><td></td></td>	Country       Zip       Country       S. Certificate of Status Desired       \$8,75 Additional Fee Reguladid Fee Reguladid         AbeCume A/IXEN/RAD Support       IN Error and Address of Current Registered Agent       I. Name and Address of New Registered Agent         AbeCume A/IXEN/RAD Support       In Error and Address of New Registered Agent       In Error and Address (PO. Box Number is Not Acceptable)         Watter, AC 33330       Street Address (PO. Box Number is Not Acceptable)       In Error and Address (PO. Box Number is Not Acceptable)         With Country is interment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Onto:         With Country is interment and elects to do its adjuster       Onto:       Intermentation         Apprint Provide in a elects to do its adjuster       Onto:       Intermentation       Adjuster is adjuster in a state of Plorida.         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         WIRE       Country is intermentation       Adjuster in a state of the state of Plorida.       Date       Date         Provide in a state of the state of the state of the state of Plorida.       Intermentation       Adjuster in a state of the state of Plorida.         VIRE <td>&amp; State</td> <td>City &amp; State</td> <td></td> <td>4. FEI Number 65004 8989</td> <td></td>	& State	City & State		4. FEI Number 65004 8989	
S. Name and Address of Current Registered Agent     T. Name and Address of Current Registered Agent     T. Name and Address of Address of Current Registered Agent     T. Name and Address of New Registered Agent     The Name Address     The Name Address of New Registered Agent     The Name Address     The Name Ad	B. Name and Address of Current Registered Agent     T. Name and Address of New Registered Agent     T. Name and Address     T. The Transformer of the Address     T. The Transformer of the Address     T. The Transforme	Country	Zip	Country		
More Curve:       H/ISEN RADE Stay 0       Minime         Stay 0       H/ISEN RADE Stay 0       Street Address (PO. Box Number is Not Acceptable)         Chy       FL       Zip Code         above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portda.         INFE       Equation to askip the Intangular Equator to askip the Integration of State Equator to askip the Integrator to askip the Integration of State Equator to askip	We Curne Hijk E WR 440 D'40 Will Half ADE D'40 Will Half A	6 Name and Address of (	Current Peristered Agent			
33.40       JUNE JUNE JUNE JUNE JUNE JUNE JUNE JUNE	33.49       JUIL State AUE         DAULE AC 33330       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zp Code         boxen named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Otte         UPE			Name		
City         FL         Zp Code         City         FL         Zp Code         City         FL         Zp Code         Score named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords.         City         FL         Zp Code         Sources have a degreed agent and the Lagonate         Composition is anglebite to stated agent and the Lagonate         Composition is anglebite to stated agent and the Lagonate         Composition is anglebite to stated by the Interregister         Composition is anglebite to state and the Interregister         Composition is anglebite to state and the Interregister         Composition is anglebite to state and the Interregister         Composition is anglebite to state anglebite to Interregister         Composite the Interegister         Composite the Interegister         C	PAULE AC 33330      City         FL         Zp Code          bove named entry submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.          VFE         godine, bisd or preference of equipational states and effects to do so.          (International and effects to do so.          (Internationand effects to do so.          (Internationand effects to do so.	3240 Ju/16-14 AUG		Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
City       FL       Zp Code         biover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       Diff	City       FL       Zip Code         biove named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida.	DAV, E. R. 33330	Ĩ.		· · · · · · · · · · · · · · · · · · ·	<u></u>
above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida.  URE				011		
URE       Explanate, based or prined new of registered agent and the f apprictude       (NOE Registered Agent tigetatile reculum when reinstative)       DATE         Comportation is eligible to satisfy its Intergible (intergi acquirement and elects to do so. or finded on back)       THLE NOW/II FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 After MA	URE       Expression speed or primed netword registering agent and like if agentative       DATE       DATE         Comportation is eligible to statisty its Intanglois       Image Check Provide to 6 Statisty its Intanglois <td></td> <td></td> <td></td> <td>F</td> <td></td>				F	
PRESTORNT       Delete       ITTLE       Change       Addition         Integration       PAVIE       CC 23336       CTTV-ST-2P       Change       Addition         Integration       Delete       ITTLE       ITTLE       Change       Addition         Integration       Delete       ITTLE	PRESTORNT       Delete       ITTLE       Change       Addition         PRESTORNE       PAUE       Change       Addition         PRESTORNE       Delete       ITTLE       Change       Addition         PAUE       CC 33336       CTT-ST-ZP       Change       Addition         VICE       PRESTORNE       Delete       ITTLE       Change       Addition         VICE       PRESTORNE       Delete       ITTLE       Change       Addition         VICE       PRESTORNE       Delete       ITTLE       Change       Addition         VICE       RESTANDARES       CTT-ST-ZP       Change       Addition         VICE       RESTANDARES       CTT-ST-ZP       Change       Addition         VICE       CTT-ST-ZP       Change       Addition         VICE       CTT-ST-ZP       Change       Addition         VICE       CTT-ST-ZP       CTT-ST-ZP       Change       Addition         VICE       Delete       TTTE       NAME       Change       Addition         VICE       Delete       TTTE       Change       Addition         VICE       CTT-ST-ZP       CTT-ST-ZP       Change       Addition         VICE <th>filing requirement and elects to do so</th> <th>After MAY</th> <th>1, 2000 Fee will be \$550.0</th> <th>Trust Fund Contribution.</th> <th></th>	filing requirement and elects to do so	After MAY	1, 2000 Fee will be \$550.0	Trust Fund Contribution.	
DRESS       33 Y0 / W/// VA #16       STREET ADDRESS         DP       DAVIE, (C. 1333)6       CIT-ST-2P         VI Q Q REFORM       Delete       ITTLE         Ro 86 Let 1 #//SE AFADD       NAME         S3 Y0 J W //6 # AFE       STREET ADDRESS         IP       D Avie, (K. 1333)4       CIT-ST-2P         IP       D Avie, (K. 1333)4       STREET ADDRESS         IP       D Avie, (K. 1333)4       CIT-ST-2P         IP       Delete       ITTLE         IP       ITTLE       Change         IP       Delete       ITTLE	OBESS       33 YO buill the Arie       STREET ADDRESS         IP       DAVIE , FC 33336       CIT-ST-2P         II Ca PREFICE       Delete       ITTLE         Ro BESE H/JOE ARAD       ITTLE       Change Addition         Ro BESE J 3- YO JUN // 6 H 4 HE       STREET ADDRESS       CIT-ST-2P         IP       Delete       ITTLE       Change Addition         IP       Delete       ITTLE	filing requirement and elects to do so e criteria on back)	D. After MAY Make Check P	1, 2000 Fee will be \$550.( ayable to Department of	DO Trust Fund Contribution.	Added to Fees
IP       PAUIC, fc. 33336       CITY-ST-ZP         VICe_PREFICENT       Delete       ITLE       Change       Addition         RoBER1 H//SENZER       STRETADDRESS       STRETADDRESS       CITY-ST-ZP       Image       Addition         P       DAUE, fc. 33330       Delete       ITLE       Image       Addition         P       DAUE, fc. 33330       Image       Image       Addition         NAME       STRETADDRESS       CITY-ST-ZP       Image       Image       Addition         NAME       STRETADDRESS       CITY-ST-ZP       Image	PAUE, FC 13334       OTF-ST-2P         U/CCPREJIDENT       Delete         RoBERT_H/JSENTADE       ITLE         NAME       STRETADRISS         P       DAVIE, FC 33334         Object       ITLE         NAME       STRETADRISS         CITF-ST-2P       ITLE         NAME       STRETADRISS         P       Davie, FC 33334         Delete       ITLE         NAME       STRETADRISS         CITF-ST-2P       ITLE         NAME       STRETADRISS         P       Objecte         ITLE       Itle         NAME       STRETADRISS         CITF-ST-2P       Itle         NAME       STRETADRISS         P       Itle         Itle       Itle         NAME       STRETADRISS         CITF-ST-2P       Itle         NAME       STRETADRISS         P       Itle         Itle       Itle         NAME       STRETADRISS         CITF-ST-2P       Itle         NAME       STRETADRISS         P       Itle         Itle       Itle         Itle       Itle	illing requirement and elects to do so criteria on back) OFFICEF PRESIDENT	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.( ayable to Department of 12.	DO Trust Fund Contribution.	Added to Fees
Ro BEET H/ISENZAD 3-YO JW //IGH AIE P       NAME STREET ADDRESS DAUE, M 33330       NAME STREET ADDRESS CITY-ST-ZP         Image: International Change: International C	Ro BER1 H/ISEN RADD 3 3 YO JW 116 # AVE DAVIE, C 33330       NAME STREET ADDRESS DAVIE, C 33330       NAME STREET ADDRESS DEVELOPMENT         P       Delate       NTLE         Delate       NTLE         NAME       STREET ADDRESS CITY-ST-2P         Delate       TTLE         NAME       STREET ADDRESS         P       Delate         NAME       STREET ADDRESS         P       Delate         NAME       STREET ADDRESS         CITY-ST-2P       Change         Addition       STREET ADDRESS         P       Delate       TTLE         NAME       STREET ADDRESS       CITY-ST-2P         P       Delate       TTLE         NAME       STREET ADDRESS       CITY-ST-2P         P       Delate	illing requirement and elects to do so criteria on back) OFFICEF PRESIDENT MADELINE AILSE	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME	DO Trust Fund Contribution.	Added to Fees
IP       DAVIE, M.33330       CITY-ST-ZP         IP       Delete       ITTLE       I.Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZP       I.Change       Addition         P       Delete       TITLE       I.Change       Addition         NAME       STREET ADDRESS       I.TILE       I.Change       Addition	PP       D A ui E, fc 33330       CITV-ST-ZP         Delete       ITTLE	illing requirement and elects to do so e criteria on back) OFFICEF PRESIDENT MADELINE AIJSE 3340 JW 1/14	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS	DO Trust Fund Contribution.	Added to Fees
IP       DAVIE, M.33330       CITY-ST-ZP         IP       Delete       ITTLE       I.Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZP       I.Change       Addition         P       Delete       TITLE       I.Change       Addition         NAME       STREET ADDRESS       I.TILE       I.Change       Addition	PP       D A ui E, fc 33330       CITV-ST-ZP         Delete       ITTLE	DRESS PAULS , EC 33.	After MAY Make Check P RS AND DIRECTORS	1; 2000 Fee will be \$550.0 avable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11  Change Addition
PRESS       NAME         STREET ADDRESS       CTV-ST-ZIP         Delete       TTLE         NAME       STREET ADDRESS         P       Delete         NAME       STREET ADDRESS         P       CTV-ST-ZIP         Delete       TTLE         NAME       STREET ADDRESS         CTV-ST-ZIP       CTV-ST-ZIP         Delete       TTLE         NAME       STREET ADDRESS         CTV-ST-ZIP       Change         Addition       STREET ADDRESS         P       Delete         TTLE       Change         NAME       STREET ADDRESS         CTV-ST-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CTV-ST-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CTV-ST-ZIP       Change         P       Delete         NAME       STREET ADDRESS         P       Change         Delete       TTLE         NAME       STREET ADDRESS         P       Change         Delete       TTLE         NAME <td>DRESS       NMME         STRET ADDRESS       CITY-SI-ZIP         Delete       TTLE         Delete       TTLE         NAME       Change         Addition         DRESS       CITY-SI-ZIP         Delete       TTLE         NAME       CITY-SI-ZIP         Delete       TTLE         NAME       CITY-SI-ZIP         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change         Addition       STREET ADDRESS         CITY-SI-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change</td> <td>Illing requirement and elects to do so criteria on back)</td> <td>After MAY Make Check P RS AND DIRECTORS</td> <td>1, 2000 Fee will be \$550.0 avable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME</td> <td>DO Trust Fund Contribution.</td> <td>Added to Fees  D DIRECTORS IN 11  Change Addition</td>	DRESS       NMME         STRET ADDRESS       CITY-SI-ZIP         Delete       TTLE         Delete       TTLE         NAME       Change         Addition         DRESS       CITY-SI-ZIP         Delete       TTLE         NAME       CITY-SI-ZIP         Delete       TTLE         NAME       CITY-SI-ZIP         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change         Addition       STREET ADDRESS         CITY-SI-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change         Delete       TTLE         NAME       STREET ADDRESS         CITY-SI-ZIP       Change	Illing requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 avable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11  Change Addition
DRESS       STRET ADDRESS         UP       Delete         Delete       TITLE         NAME       STRET ADDRESS         UP       Change         DRESS       STRET ADDRESS         UP       Delete         DRESS       STRET ADDRESS         UP       Delete         DRESS       STRET ADDRESS         UP       Delete         TITLE       Change         NAME       STRET ADDRESS         UP       Delete         TITLE       Change         NAME       STRET ADDRESS         UP       Delete         TITLE       Change         Addition         NAME         STRET ADDRESS         UP       Delete         TITLE         NAME         STRET ADDRESS	DRESS       STREET ADDRESS         UP       Delete         Delete       TTLE         NAME       STREET ADDRESS         UP       Delete         TTLE       CHTV-ST-ZIP         Delete       TTLE         Delete       TTLE         NAME       STREET ADDRESS         UP       Delete         TTLE       Change         Addition       STREET ADDRESS         UP       Delete         TTLE       Change         NAME       STREET ADDRESS         UP       Delete         TTLE       Change         NAME       STREET ADDRESS         UP       Delete       TTLE         UP       Delete       TTLE         UP       Delete       TTLE         NAME       STREET ADDRESS       CTY-ST-ZIP         UP       Delete       TTLE         UP       Change       Addition	filling requirement and elects to do so a criteria on back)         OFFICEF         PRESS DENT         MADELINE AIJSE         DRESS         DRESS         UI CO-PREST DENT         ROBERT HIJSEN         3240 SW 116 H         VI CO-PREST DENT         ROBERT HIJSEN         3240 SW 116 H	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 avable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DO Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11  Change Addition
Delete       TITLE       Change       Addition         ORESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Change       Addition       Addition         Delete       TITLE       Change       Addition <td>Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Intrest control of the control of t</td> <td>illing requirement and elects to do so criteria on back)</td> <td>After MAY Make Check P RS AND DIRECTORS CAICE 336 F Delete NPAD A JE 3334</td> <td>1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td> <td>Trust Fund Contribution.</td> <td>Added to Fees  DIRECTORS IN 11 Change Addition Change Addition Change Addition</td>	Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         Delete       TITLE       Intrest control of the control of t	illing requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS CAICE 336 F Delete NPAD A JE 3334	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution.	Added to Fees  DIRECTORS IN 11 Change Addition Change Addition Change Addition
DRESS       STREET ADDRESS         P       Delete         TITLE       Change         NAME         STREET ADDRESS         CITY-ST-ZIP         Delete       TITLE         NAME         STREET ADDRESS         P         CITY-ST-ZIP         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Integration         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         Integration         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         Integration or the receiver or trustee empowered to execute this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in record recliver or trustee empowered to execute this report as re	DRESS     NAME       PP     CITY-ST-ZIP       Delete     TTLE       DRESS     CITY-ST-ZIP       DRESS     CITY-ST-ZIP   <	illing requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS CAICE 336 F Delete NPAD A JE 3334	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	Added to Fees  DIRECTORS IN 11 Change Addition Change Addition Change Addition
P       CITY-ST-ZIP         IDelete       TITLE         NAME       STREET ADDRESS         P       CITY-ST-ZIP         IDelete       TITLE         NAME       STREET ADDRESS         P       IDelete         IDelete       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       IDelete         IDelete       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       IChange         Perby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or director or an attachment withen address, with all other like empowered.         With any address, with all other like empowered.       Yuth and address, with all other like empowered.	P       CITY-ST-ZIP         Delete       TITLE         NAME       STREET ADDRESS         P       ClTY-ST-ZIP         Delete       TITLE         NAME       STREET ADDRESS         P       Delete         Delete       TITLE         Delete       TITLE         NAME       Change         Addition         NAME         STREET ADDRESS         P       Change         Delete       TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director is corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if made, or on an attachment with an address, with all other like empowered.         NATURE:       MAME         MATURE:       MAME	iling requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees
Delete TITLE Change Addition NAME STREET ADDRESS DP Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELETADDRESS CITY-ST-ZIP DELETADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI	Delete TITLE Change Addition NAME STREET ADDRESS Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition	DRESS	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE	Trust Fund Contribution.	Added to Fees
NAME     STREET ADDRESS       P     Image: Delete       Delete     TITLE       Delete     TITLE       NAME       STREET ADDRESS       CITY - ST - ZIP       Delete       TITLE       NAME       STREET ADDRESS       P       Delete       TITLE       NAME       STREET ADDRESS       CITY - ST - ZIP   Treby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director director is corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other fike empowered.	DRESS       NAME         P       CITY-ST-ZIP         Delete       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       Change         Delete       TITLE         NAME       STREET ADDRESS         P       CITY-ST-ZIP         Image: CITY-ST-ZIP       Change         Delete       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director or incore empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if maged, or on an attachment with an address, with all other like empowered.         NATURE:       MAME	illing requirement and elects to do so oriteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees
P       CITY-SI-ZIP         Delete       TITLE         NAME       STREET ADDRESS         P       CITY-SI-ZIP         reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director director on an attachment with an address, with all other fike empowered.	P       CITY-ST-ZIP         Delete       TITLE         NAME       STREET ADDRESS         P       Clampe         reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if name and accurate and the empowered.         NATURE:       MAME with a man officer or director flore or or an attachment with an address, with all other like empowered.	Iling requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Addition Addition
Delete TITLE Change Addition NAME STREET ADDRESS P reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other fike empowered.	Delete TITLE Change Addition Delete TITLE ADDRESS P Constrained on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director necoporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if neged, or on an attachment with an address, with all other like empowered. NATURE: MARK MARKANA Statute Markana Statute Stat	illing requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000 Fee will be \$550.0 ayable to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution.	Added to Fees  DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Addition Change Addition
STREET ADDRESS         P         reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director incomposition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if in address, with all other like empowered.	STREET ADDRESS         P         reby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if made under oath; that I or Block 12 if made under same appears in Block 11 or Block 12 if made under same appears in Block 11 or Block 12 if made under same appears in Block 11 or Block 12 if made under same appears in Block 11 or Block 12 if made under same appears in Block 11 or Block 12 if the same same same appears in Block 11 or Block 12 if the same same same same same same same sam	illing requirement and elects to do so criteria on back)	After MAY Make Check P RS AND DIRECTORS	1, 2000       Fee will be \$550.0         ayable       to Department of         12.       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       TITLE	Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Addition Addition
reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director is concoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other tike empowered.	reby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director necesiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if necessary or an attachment with an address, with all other like empowered.	DRESS	After MAY Make Check P RS AND DIRECTORS	1, 2000       Fee will be \$550.0         ayable       to Department of         12.       11LE         NAME       STREET ADDRESS         CITY-ST-ZIP       11LE         NAME       STREET ADDRESS         CITY-ST-ZIP       11TLE	Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition
cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other like empowered.	cated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ne corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other like empowered.	OFFICE         OFFICE         PRESS $DENT$ MADELINE AILSE         DRESS         DRESS         DRESS         DRESS         DRESS         DRESS         DRESS         DRESS         DRESS         IP         DRESS         IP         DRESS         IP         DRESS         IP         DRESS         IP	After MAY Make Check P RS AND DIRECTORS	1, 2000       Fee will be \$550.0         ayable       to Department of         12.       11LE         NAME       STREET ADDRESS         CITY-ST-ZIP       11LE         NAME       STREET ADDRESS         CITY-ST-ZIP       11TLE         NAME       STREET ADDRESS         CITY-ST-ZIP       11TLE	Trust Fund Contribution.	Added to Fees  D DIRECTORS IN 11 Change Addition Change Addition Change Addition Change Addition Change Addition Addition Addition
the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if nged, or on an attachment with an address, with all other fike empowered.	ATURE: And the second s	OFFICE         OFFICE         PRESS         OFFICE         OFFICE         PRESS         OFFICE         OFFICE				

SIGNATURE:	the	Hilren
		OD DOUTED MANE OF C

5/1/90 Date