PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # K30388 (8) 1. Corporation Name SHAPIRO & BREGMAN, A PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 777 S FLAGLER DR. SUITE 310-E P.O. BOX 20629 Mailing Address 777 S FLAGLER DR. SUITE 310-E P.O. BOX 20629 777 S FLAGLER DR. SUITE 310-E P.O. BOX 20629 2. Principal Place of Business 777 S FLAGLER DR. SUITE 310-E P.O. BOX 20629 2. Principal Place of Business 2a. Mailing Address 3. Date procompreted or Qualified 3a. Date of Lest Paport 04/26/1988 04/26/1988 21 2a. Mailing Address Sulle, Apt. 4, etc. 5ult, Apt. 4, etc.	FILF	E NOW: FILING FEE AFT	TER MAY 1	IS \$22!	5.00		
ANUAL REPORT 1996 ANUAL REPORT 100 ANUAL REPORT 1	F	PROFIT	FLORIDA DEPA	ARTMENT OF	FSTATE		
1996 DUMENT # K30388 (6) SHAPRIO & REGIMAN & PROFESSIONAL ASSOCIATION Image: constraints of the strate of the strat	ANNU	JAL REPORT					
			DIVISION OF	2			•
SHAPPRO & GREEGMAN, A PROFESSIONAL ASSOCIATION Printers Place of Burness 777 5 FLAGER DR. SUITE BODE PO. DKX 2000 W PAUL BOYT 2 3416 K201 777 5 FLAGER DR. SUITE BODE PO. DKX 2000 W PAUL BOYT 2 3416 K201 777 5 FLAGER DR. SUITE BODE PO. DKX 2000 W PAUL BOYT 2 3416 K201 10 Cmm (mm (mm (mm (mm (mm (mm (mm (mm (mm			(8)				
Pinchal Robert Dataloss Maint Acoress Acorest Back Res Acores			IONAL ASSOCIAT	rion			
Pinchal Robert Dataloss Maint Acoress Acorest Back Res Acores							
P.O. Box 2028 W PALL BOR FL SME R29 P.O. Box 2028 W PALL BOR FL SME R29 3. Durbate PASS 00-4682 No. Durbate PASS 18881 2. Durbate PASS 00-4682 Arcinct Framework 22. Mating Address 0 Arcinct Framework Arcinct Framework 2. Durbate PASS 00-4682 Arcinct Framework 22. Mating Address 0 Arcinct Framework Arcinct Framework 2. Durbate PASS 00-4682 Arcinct Framework 5. Control of Status During Framework 5. Control of Status During Framework 5. Control of Status During Framework 2. Durbate PASS 00-4682 Arcinct Framework 5. Control of Status During Framework 5. Control of Status During Framework 5. Control of Status During Framework 2. Durbate PASS 00-4682 Framework 5. Control of Status During Framework 5. Control of Status During Framework 5. Control of Status During Framework 2. Durbate PASS 00-4682 Framework 6. Control of Status During Framework 5. Control of Framework 5. Control of Status During Framework 5. Control of Status During Framework 5. Control of Status During Framework 5.			•			L TAO ING AND	ANY INN'I ATRAT ALAYA NYANY NYANY ALAYA NYANY
Purple Purple Application Application Suite, Apt. + etc. 301 Application Solite, Apt. + etc. Solite, Apt. + etc. <td< th=""><th>P.O. BOX 20</th><th>20629</th><th>P.O. BOX 20629</th><th colspan="2">P.O. BOX 20629</th><th></th><th></th></td<>	P.O. BOX 20	20629	P.O. BOX 20629	P.O. BOX 20629			
2. Principal Place of Business 2. A Molege Ablaces 4. PD Nutries 4. PD						3. Date Incorporated or Qualified 08/08/1988	3a. Date of Last Report 04/26/1995
Subs. Apt. 4, etc. Image: Subs. 4, etc.	2. Principal Place 21		- п — ^т			4. FEI Number 65-0064692	
City & State City & State City & State End Regured 20 20 Country 6. Election Compary Principal Added to Fees 21 20 Country 8. The control in the lability or many bet and works in 190 052. 21 20 Country 8. The control in the lability or many bet and works in 190 052. 22 20 Country 8. The control in the lability or many bet and works in 190 052. 23 20 20 Country 8. The control in the lability or many bet and works in 190 052. 34 20 20 20 20 20 34 20 20 20 20 20 35 34 20 20 20 20 36 10000 10000 10000 10000 10000 10000 36 10000 10000 10000 10000 10000 10000 37 10000 10000 10000 100000 100000 100000 1000000 1000000 100000000000000 100000000000000000000000		*, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22 20 Control 22 22 22 22 22 22 22 22 22 22 23 23 20	City & State	8	City & State	City & State			5.00 May Be
B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Pursuent to the providers of Sectors 607 0602 and 607 1506. Foreits Studies of the Address 970. Exx Number & Not Address 970. Exx Number & Number	Zip	Country	Zip		ry	8. This corporation has liability for it	intangible tax under s 199.032,
SHAPRO, PAUL E. 2196 NW 30TH RD BOCA RATON FL 33431 81 H Present to the provisions of Sociators 507 0502 and 607 1503, floods Statutes, the Bone nerved corporation sales the statement for the purpose of or one of the generation of the sequence of the seq	24			30			+
2109 NW 30TH RD BCA RATON FL 33431 B2 Street Address (P.O. Box Number is Nor Accesstable) 11 Pursuant to the provisions of Sections 607 (500) and 607 (500). Florida Bindles, the observation submits this statement for the paperticle of observation is board of ancetors. I hereby accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, the observation is board of ancetors. I hereby accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, the observation is board of ancetors. I hereby accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, the observation is board of ancetors. I hereby accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, the observation is board of ancetors. I hereby accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, Televity accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, Televity accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, Televity accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, Televity accept the appendition of, Sociol Color BOX (Soc). Florida Bindles, Televity accept the appendition of, Sociol Bindle, Televity accept the appendition of, Sociol Bindle, Televity accept the appendition of, Sociol Bindle, Televity accept the appendix accept th	SHAPIF						
	2199 N	W 30TH RD				ress (P.O. Box Number is Not Acceptabl	(e)
11. Pursuant to the providence of Sections 607.0502 and 607.1502. Floride Statutes, the elabove-mained corporation's stands the statement for the purpose of solar defined. Implement of the providence of provi	BUUA r	RATON FL 33431		8	3		
11. Present to the products of Section 502 0502 and 607 1503. Flocks Statutes, the above named comparion submits this statement for the purpose of changes in the State of Index. Such of any was addicable by the comparison's board of ductors. I hereby accept the appointment as registrated appd. I am minimer with end accept the dubbacter of, Section 507 0505, Flocks Statutes. SIGNATURE Synthesis and appoint of the product of the state of a plant. Board of ductors. I hereby accept the dubbacter of, Section 507 0505, Flocks Statutes. Signature type: D OFTICERS ADD DIFECTORS IN 12 Data 12. D OFTICERS ADD DIFECTORS IN 12 Data 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 Data 14. D 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 14. 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 Data 15. D 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 14. D 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 15. D 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 16. D 13. ADDITONS/OFANGES TO OFFICERS ADD DIFECTORS IN 12 17. D DELETE 1111F Data 18. DOCA RATON FL 12.4007.57.7							
Signature					-named corpor rporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	
By ender Not is the order as a minore of a price day of a date is a minore of a price day of a date is a minore of a price day of a date is a minore of a price day of a date is a minore of a price day of a date is a minore of a price day of a date is a minore of a date is a date of a date is a minore of a date is a date is a minore of a date is a date of a da	SIGNATURE	in, and accept the obligations of, Section 607	7.0505, Florida Statutes.	5 .			
Name 2199 NW 30TH RD 12 MME STRET ADDRESS 00CA RATON FL 13 STRET ADDRESS OTY-ST-2P 0 DELETE 2 111LE NAME 0 DELETE 2 111LE INTER ADDRESS 19714 FOXBUROUGH LANE 2 STRET ADDRESS INTER DELETE 3 TINE INTE 0 DELETE 4 CITY-ST-2P INTE 0 DELETE 4 CITY-ST-2P INTE 0 DELETE 5 TINE INTE 0 DELETE 5 TINE </th <th>Ś</th> <th></th> <th></th> <th></th> <th>ent signature require/</th> <th></th> <th></th>	Ś				ent signature require/		
Name 2199 NW 30TH RD 12 MME STRET ADDRESS 00CA RATON FL 13 STRET ADDRESS OTY-ST-2P 0 DELETE 2 111LE NAME 0 DELETE 2 111LE INTER ADDRESS 19714 FOXBUROUGH LANE 2 STRET ADDRESS INTER DELETE 3 TINE INTE 0 DELETE 4 CITY-ST-2P INTE 0 DELETE 4 CITY-ST-2P INTE 0 DELETE 5 TINE INTE 0 DELETE 5 TINE </td <th>TITLE</th> <td>D</td> <td></td> <td>1. 1 111LE</td> <td></td> <td></td> <td></td>	TITLE	D		1. 1 111LE			
TILE DELETE 21 TILE Change Addition NAME BREGMAN, HOWARD 27 MAKE 23 STREET ADDRESS 35 STREET ADDRESS 36 STREET ADDRESS 36 STREET ADDRESS 36 STREET ADDRESS 37 STREET ADDRESS		2199 NW 30TH RD					034
TILE DELETE 21 TILE Change Addition NAME BREGMAN, HOWARD 27 MAKE 23 STREET ADDRESS 35 STREET ADDRESS 36 STREET ADDRESS 36 STREET ADDRESS 36 STREET ADDRESS 37 STREET ADDRESS	CITY-ST-ZIP	BOCA RATON FL					R2E
Image: Street ADDRESS 19714 FOXBUROUGH LANE 27 MARE BOCA RATION FL 29 Street ADDRESS Citry-St-2P DELETE ITILE DELETE Street ADDRESS 33 Street ADDRESS Citry-St-2P 33 Street ADDRESS Street ADDRESS 33 Street ADDRESS ITILE DELETE Street ADDRESS 33 Street ADDRESS Citry-St-2P 34 Citry-St-2P ITILE DELETE ALTINE DELETE ALTINE Change Addition Street ADDRESS Citry-St-2P ITILE DELETE 43 Street ADDRESS Citry-St-2P ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITILE ITIL		BREGMAN, HOWARD	DELETE				Change Addition O
BUCA RATION FL 24 CitY-ST-2iP TITLE DELETE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CitY-ST-2iP 34 OTY-ST-2iP TITLE DELETE 41 TITLE Change Addition STREET ADDRESS CitY-ST-2iP TITLE OELETE 41 TITLE OELETE 42 NAME STREET ADDRESS CitY-ST-2iP TITLE OELETE 43 STREET ADDRESS CitY-ST-2iP TITLE DELETE 51 TITLE CitY-ST-2iP TITLE DELETE STREET ADDRESS CitY-ST-2iP TITLE STREET ADDRESS CitY-ST-2iP TITLE STREET ADDRESS CitY-ST-2iP TITLE STREET ADDRESS CitY-ST-2iP TITLE NAME STREET ADDRESS CitY-S		19714 FOXBUROUGH LANE					
NME 32 NME STREET ADDRESS 33 STREET ADDRESS CITY-ST-2/P 34 CITY-ST-2/P HTLE DELETE 44 ThTLE Change Addition NAME STREET ADDRESS CITY-ST-2/P TILE DELETE 44 ThTLE Change Addition NAME STREET ADDRESS CITY-ST-2/P TILE DELETE 44 CITY-ST-2/P TILE DELETE STREET ADDRESS CITY-ST-2/P TILE CITY-ST-2/P TILE STREET ADDRESS CITY-ST-2/P TILE CITY-ST-2/P TILE CITY-ST-2/P TILE CITY-ST-2/P TILE CITY-ST-2/P TILE STREET ADDRESS CITY-ST		BOCA RATUN FL		2.4 CITY-	ST-ZIP		
STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZP TITLE DELETE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZP TITLE DELETE NAME 0 DELETE STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE Change Addition S2 NAME S1 REET ADDRESS S4 CITY-ST-ZIP TITLE Change NAWE S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S1 REET ADDRESS		I	L_] DECETE				Change 🛄 Addition
CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 YorLF NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE Ad CITY-ST-ZIP Change Ad CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP S		i					
NMME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 DITY-ST-ZIP TITLE 64 DITY-ST-ZIP				3.4 CITY -	- ST - ZIP		
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 OITY-ST-ZIP TITLE 5.4 OITY-ST-ZIP TITLE 6.1 TITLE NAWE 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 OITY-ST-ZIP TITLE 0 ELETE NAWE 5.2 NAME STREET ADDRESS 6.4 OITY-ST-ZIP TITLE 6.4 OITY-ST-ZIP TITLE 6.4 OITY-ST-ZIP A. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the Information inglicable in this annual report to supplemental annual report to supplemental annual report of suppl		l					Change 🛄 Addition
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE NAWE 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE NAWE 61 TITLE STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP TITLE DELETE Addition 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information indepaded on this annual report of supplemental annual report is true and accurate and that ny signature shall have the same legal effect as if made under oath; that L am an officer of ductofor of the comporation or pie receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 12 if changed, or or an adveniment with an address. SIGNATURE: MAWE	1	i					
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP TITLE 64 CITY-ST-ZIP Addition 62 NAME STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or diactor of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 12 if changed, or or an algorithment with an address. SIGNATURE: MAME				4.4 CITY -	- ST- ZIP		
STREET ADDRESS 53 STREET ADDRESS CITY-SI-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE 6 1 TITLE NAWE 63 STREET ADDRESS CITY-SI-ZIP 64 CITY-ST-ZIP INVE 63 STREET ADDRESS CITY-SI-ZIP 64 CITY-ST-ZIP III. 100 bereby certify that the information suppled with this filing is voluntarily formished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or diactor of 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 12 or clock 13 if changed, or or an acceminent with an address. SIGNATURE: Statutes and that my name address.		i	DELETE				Change [] Addition
CITY-SI-ZIP 54 CITY-SI-ZIP TITLE 54 CITY-SI-ZIP NAWE 61 TITLE STREET ADDRESS 63 STREET ADDRESS CITY-SI-ZIP 64 CITY-SI-ZIP 14. I do hereby certify that the information indicated in this alling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer of clubby of 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 12 or Elock 13 if changed, or or an algorithment with an address. SIGNATURE: Statutes: How with the address.		i					[
NAWE 62 NAME STREET ADDRESS 62 NAME CITY-ST-ZIP 64 DIY-SI-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report go supplemental annual 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 check of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE: SIGNATURE:	CITY-ST-ZIP						
STREET ADDRESS CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report of supplemental annual 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 of diactor of the corporation or the receiver or trustee enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 19 if changed, or or an appendix that an address. SIGNATURE:	1		DELETE				Change CAddition
CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer of disctor of 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 12 or Block 19 if Changed, or or an advertment with an address. SIGNATURE:							
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the Information indicated on this annual report of supplemental annual report is true and accurate and that his signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 19 if changed, or or an advertment with an address. SIGNATURE:	CITY-ST-ZIP			64 DIY-	SI-7P		
SIGNATURE: MANUM	14. I do hereby certify that f	certify that the information supplied with this the Information indicated on this annual repo	s filing is vo'untarily furnir art g supplemental annu	shed and dor all report is to	es not qualify fo	or the exemption stated in Section 119.0 ate and that my signature shall have the r)7(3)(k), Florida Statutes. I further same legal effect as if made under
SIGNATURE: MANUM	appears in F	am an officer or director of the corporation of Block 12 or Block 13 if changed, or or an at	or the receiver or trustee	empowereo ess.	to execute this	s report as required by Chapter 607, Hor	rida Statutes; and that my name
		URE: HIVAN	1			· · · · · · · · · · · · · · · · · · ·	