| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                            | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                | May 12 1997 8:00am<br>Secretary of State |                                                                   |            |                                       |                              |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------|------------|---------------------------------------|------------------------------|----------------|
| LAURA I                                                                                                                                                                                                                                                                         |                                                                                                                                                                                      | OF KEY WE                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          |                                                                   |            |                                       |                              |                |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          | <ol> <li>Date Incorporated or Qualified<br/>01/17/1989</li> </ol> | 1          | ite of Last<br>18/1996                | Report                       | ]              |
|                                                                                                                                                                                                                                                                                 | hace of Business                                                                                                                                                                     |                                            | Mailing Address                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          | 4. FEI Number                                                     |            | A                                     | pplied For                   | 7              |
| 1<br>Suite, Apt                                                                                                                                                                                                                                                                 | #, etc.                                                                                                                                                                              | 26                                         | Suite, Apt #, etc.                                                                                 |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          | 65-0154973<br>5. Certificate of Status Desired                    |            | \$8.75                                | lot Applicable<br>Additional | -              |
| 2<br>City 8 Stat                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                    | 27                                         | City & State                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          | 6. Election Campaign Financing                                    |            |                                       | Tequired<br>May Be           | ,<br>,         |
| 3                                                                                                                                                                                                                                                                               | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                | 28                                         | ······································                                                             |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          | Trust Fund Contribution                                           | <u> </u>   | Addec                                 | to Fees                      |                |
| <br>4]                                                                                                                                                                                                                                                                          | Country<br>25                                                                                                                                                                        | 29                                         | Ζιρ                                                                                                | Cou<br>30                                                                                                                                                                                                                                                                                                                                             | intry                                                                                                                                                                                                          |                                          | B. This corporation has liability for<br>Florida Statutes         |            | tax under<br>No                       | s. 199.032,                  | l.             |
| L                                                                                                                                                                                                                                                                               | 9, Name and Address of                                                                                                                                                               | f Current Regis                            | tered Agent                                                                                        |                                                                                                                                                                                                                                                                                                                                                       | 61 Name                                                                                                                                                                                                        |                                          | 10. Name and Address of New R                                     | gistered / | Agent                                 | ·····                        |                |
|                                                                                                                                                                                                                                                                                 | ikus, laura<br>Whitehead St.                                                                                                                                                         |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                |                                          |                                                                   |            |                                       |                              |                |
|                                                                                                                                                                                                                                                                                 | WEST FL 33040                                                                                                                                                                        |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                | t Addres                                 | ss (P.O. Box Number is Not Accepta                                | ble)<br>   |                                       |                              |                |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | 83                                                                                                                                                                                                             |                                          |                                                                   |            |                                       |                              |                |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | 84 City                                                                                                                                                                                                        |                                          |                                                                   | FL         | 85 Zip                                | Code                         | 1              |
|                                                                                                                                                                                                                                                                                 | to the provisions of Sections<br>registered agent, or both, in ti<br>im familiar with, and accept th                                                                                 | he State of Flori<br>he obligations o      | da. Such change was a<br>f, Section 607.0505, Fic                                                  | uthorize<br>oricia Stat                                                                                                                                                                                                                                                                                                                               | d by the co<br>lutes.                                                                                                                                                                                          | rporatio                                 | n's board of directors. I hereby acce                             | pt the app | ointment a                            | s registered                 |                |
|                                                                                                                                                                                                                                                                                 | Signaline Typelo of printed name of reg                                                                                                                                              |                                            |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                       | d Ageni signalu                                                                                                                                                                                                |                                          | when reinstating)                                                 | DATE       |                                       |                              |                |
| 12.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      | arstered agent and little<br>ERS AND DIRE( |                                                                                                    | E Registerer<br><b>13.</b><br>1.1 Tř                                                                                                                                                                                                                                                                                                                  | ·····                                                                                                                                                                                                          |                                          |                                                                   | DATE       |                                       | RS IN 12                     |                |
| <b>12.</b><br>Title<br>Name                                                                                                                                                                                                                                                     | OFFIC<br>P<br>MARKUS, DONALD                                                                                                                                                         |                                            | CIORS                                                                                              | <b>13.</b><br>1.1 TF<br>1.2 N/                                                                                                                                                                                                                                                                                                                        | TLE                                                                                                                                                                                                            | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | 34 (9/96)      |
| <b>12.</b><br>Tole<br>Name<br>Sekent adoreds                                                                                                                                                                                                                                    | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.                                                                                                                                       | ERS AND DIRE                               | CIORS                                                                                              | <b>13.</b><br>1.1 TI<br>1.2 N/<br>1.3 ST                                                                                                                                                                                                                                                                                                              | TLE<br>Ame<br>Ireet address                                                                                                                                                                                    | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | 34 (9/96)      |
| <b>12.</b><br>Title<br>Name<br>Sekel I Adureus<br>City- St. Zif                                                                                                                                                                                                                 | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP                                                                                                          | ERS AND DIRE                               | CIORS                                                                                              | <b>13.</b><br>1.1 TI<br>1.2 N/<br>1.3 ST                                                                                                                                                                                                                                                                                                              | TLE<br>AME<br>IREET ADDRESS<br>TY - ST - ZIP                                                                                                                                                                   | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | R2E034 (9/96)  |
| <b>12.</b><br>TICLE<br>NAME<br>SEREET ADORESS<br>CITY-ST_ZIE<br>TITLE<br>NAME                                                                                                                                                                                                   | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA                                                                                         | ERS AND DIRE                               | CTORS                                                                                              | <b>13.</b><br>1.1 TF<br>1.2 N/<br>1.3 ST<br>1.4 CF<br>2 1 TF<br>2 2 N/                                                                                                                                                                                                                                                                                | TLE<br>AME<br>IREET ADDRESS<br>TY - ST - ZIP<br>TLE<br>AME                                                                                                                                                     | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | R2E034 (9/96)  |
| 12.<br>Trelf<br>Neme<br>Streft Adorects<br>City: St. 20<br>Title<br>Name<br>Streft Address                                                                                                                                                                                      | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP                                                                                                          | ERS AND DIRE                               | CTORS                                                                                              | <b>13.</b><br>1.1 TF<br>1.2 N/<br>1.3 ST<br>1.4 CF<br>2.1 TF<br>2.2 N/<br>2.3 ST                                                                                                                                                                                                                                                                      | TLE<br>AME<br>IREET ADDRESS<br>TY - ST - ZIP<br>TLE                                                                                                                                                            | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | R2E034 (9/96)  |
| 12.<br>Trolf<br>NAME<br>STREFT ADDRESS<br>CITY: ST. 20:<br>Trite<br>NAME<br>STREET ADDRESS<br>CITY: ST. 20:<br>Trite                                                                                                                                                            | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST                                          | ERS AND DIRE                               | CTORS                                                                                              | <b>13.</b><br>1.1 TI<br>1.2 N/<br>1.3 SI<br>1.4 CF<br>2.1 TI<br>2.2 N/<br>2.3 SI<br>2.4 C<br>3.1 TI                                                                                                                                                                                                                                                   | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TLE                                                                                                                                    | re required                              | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>Tigle<br>Street Fadoress<br>City-St. 20-<br>Tigle<br>NAME<br>Street Address<br>City-St-20-<br>Tigle<br>NAME                                                                                                                                                              | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, UILLIAN                       | 180                                        | DELETE                                                                                             | 13,<br>1.1 TF<br>1.2 N/<br>1.3 ST<br>1.4 CF<br>2.1 TF<br>2.2 N/<br>2.3 ST<br>2.4 C<br>3.1 TF<br>3.2 N/                                                                                                                                                                                                                                                | TLE<br>AME<br>TREET ADDRESS<br>TY - ST - ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>ITY - ST - ZIP<br>TLE<br>AME                                                                                                    |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>TICLE<br>STREET ADDRESS<br>CITY-ST-ZIF<br>TICLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIF<br>TICLE<br>NAME<br>STREET ADDRESS                                                                                                                                              | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST                                          | 180                                        | DELETE                                                                                             | 13.           1.1 II           1.2 N/           1.3 SI           1.4 Cl           2.1 TF           2.2 N/           2.3 SI           2.4 C           3.1 TF           3.2 N/           3.3 SI                                                                                                                                                         | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>ITY-ST-ZIP<br>TLE                                                                                                                                    |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>TICLE<br>STREET AUDRESS<br>CITY-ST-ZIE<br>TICLE<br>NAME<br>STREET AUDRESS<br>CITY-ST-ZIE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TICLE                                                                                                                               | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TI           1.2 NJ           1.3 ST           1.4 CL           2.1 TI           2.2 NJ           2.3 ST           2.4 C           3.1 TI           3.2 NJ           3.3 ST           3.4. C           4.1 TI                                                                                                                       | TLE<br>AME<br>TREET ADDRESS<br>TY - ST - ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TTLE<br>AME<br>TREET ADDRESS<br>FTY - ST - ZIP<br>TLE                                                                           |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12<br>Addition         | CR2E034 (9/96) |
| 12.<br>TELE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-TY-ST-ZIP<br>TITLE<br>NAME                                                                                                       | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TI           1.2 NJ           1.3 ST           1.4 CL           2.1 TI           2.2 TI           2.3 ST           2.4 C           3.1 TI           3.2 NJ           3.3 ST           3.4. C           4.1 TI           4.2 NJ                                                                                                      | TLE<br>AME<br>TREET ADDRESS<br>TY - ST - ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TTLE<br>AME<br>TREET ADDRESS<br>FTY - ST - ZIP<br>TLE                                                                           |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12<br>Addition         | CR2E034 (9/96) |
| 12.<br>TELE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIF<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIF<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIF<br>NAME<br>STREET ATORESS<br>CITY: ST. ZIF                                                                                | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TI           1.2 NJ           1.3 ST           1.4 CL           2.1 TI           2.2 NJ           2.3 ST           2.4 C           3.1 TI           3.2 NJ           3.4 C           4.1 TI           4.2 NJ                                                                                                                        | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TTY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>FTY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP                                                  |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>TELE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE                                                     | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TT           1.2 NJ           1.3 ST           1.4 Ct           2.1 TT           2.2 NJ           2.3 ST           2.4 C           3.1 TT           3.2 NJ           3.4 C           4.1 TT           4.2 NJ           4.3 ST           4.4 CT                                                                                      | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS<br>TY-ST-ZIP<br>TLE                                             |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>TICLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TICLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TICLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TICLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TICLE<br>NAME | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TT           1.2 NJ           1.3 ST           1.4 Ct           2.1 Tt           2.2 NJ           2.3 ST           2.4 C           3.1 Tt           3.2 NJ           3.4 C           4.1 TT           4.2 NJ           4.3 ST           4.4 CT           5.1 TT           5.2 NJ                                                    | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>IREET ADDRESS<br>TY-ST-ZIP<br>TLE                                             |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12                     | CR2E034 (9/96) |
| 12.<br>TELE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY: ST. ZIE          | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE                                             | 13.           1.1 TT           1.2 NJ           1.3 ST           1.4 Ct           2.1 Tt           2.2 NJ           2.3 ST           2.4 C           3.1 Tt           3.2 NJ           3.4 C           4.1 TT           4.2 NJ           4.3 ST           4.4 CT           5.1 TT           5.3 ST           5.4 Ci                                   | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP        |                                          | when reinstating)                                                 | DATE       | DIRECTO<br>Change<br>Change<br>Change | RS IN 12<br>Addition         | CR2E034 (9/96) |
| 12.<br>TELE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIE<br>TITLE           | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | DELETE                                                                                             | 13.           1.1 TT           1.2 NJ           1.3 ST           1.4 Ct           2.1 Tt           2.2 NJ           2.3 ST           2.4 C           3.1 Tt           3.2 NJ           3.3 ST           3.4 C           4.1 TT           4.2 NJ           4.3 ST           4.4 CT           5.1 TT           5.3 ST           5.4 Ct           6.1 Tt | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE |                                          | when reinstating)                                                 | DATE       | DIRECTO                               | RS IN 12<br>Addition         | CR2E034 (9/96) |
| SIGNATUFE  12.  14.  15.  16.  17.  17.  17.  17.  17.  17.  17                                                                                                                                                                                                                 | OFFIC<br>P<br>MARKUS, DONALD<br>1028 WHITE DR.<br>DELRAY BEACH FL 334<br>VP<br>MARKUS, LAURA<br>218 WHITEHEAD ST<br>KEY WEST FL 33040<br>ST<br>MARKUS, ULLIAN<br>3505 S. OCEAN BLVD. | 180                                        | CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE                                             | 13.           1.1 TI           1.2 NV           1.3 ST           1.4 CF           2.1 TI           2.2 NV           2.3 ST           2.4 C           3.1 TI           3.2 NV           3.3 ST           3.4 C           4.1 TI           4.2 NV           5.3 ST           5.4 CF           5.4 CF           6.1 TI           6.2 NV                  | TLE<br>AME<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP<br>TLE |                                          | when reinstating)                                                 | DATE       | DIRECTO<br>Change<br>Change<br>Change | RS IN 12<br>Addition         | CR2E034 (9/96) |