## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # K62399 (6) 1. Corporation Name

JOHN CAIRD INVESTMENTS U.S.. INC

## FILED Apr 10 1997 8:00am Secretary of State

Principal Pla	ice of Business	Mailing	Address			1				
7990	BEAUMONT CT	7990	BEAUMO	NT CT	1					
	ES FL 34109		ES FL 34		1					
				1105		3. Date Incorpor	reted or Qualified	30 Ds	te of Last	Donard
						01/31/19		30.00	ite oi Lasi	перин
. Prhoipat	Place of Business	2a. Mai	ling Address			4. FEI Number	703		—тт	Applied For
1		26	v		:	65-01789	-40			Not Applicab
Suite Apt	t # etc		e. Apt. #, etc.		<del></del>					Additional
]		27				5. Certificate of	Status Desired			Required
City & Sta	3fe	City	& State		+	6. Election Camp	paign Financino			O May Be
		28				Trust Fund Co				d to Fees
Zφ	Country	Zıp		Country		8. This corporati	on has liability for	intangible	tax under	s. 199.032,
	25	29		30	ļ	Florida Statute	9 <b>s</b> 🔏	Yes [	] No	
	9. Name and Address of C	urrent Registered	J Agent			10. Name and A	ddress of New Re	gistered /	gent	
CATRO	), JOHN F			61	Name					i
	BEAUMONT CT			82	Street Addre	ess (P.O. Box Numb	er is Not Acceptat	ole)		
	ES FL 34109									
71741 L.L	-5 16 54105			83		•				
				84	City		······································		ne 7:	Code
				•	Oily		1 7	FL	<b>85</b> Zip	Code
office or agent 1:	t to the provisions of Sections 60: registered agent, or both, in the am familiar with, and accept the	State of Florida, Si	uch chande w	as authorized by ti	he corporati	on's board of directo	ors. I hereby accer	pt the appo	ointment a	is registered
office or agent 1 a	registered agent, or both, in the am familiar with, and accept the Signature typed or proved name of register	State of Florida, Si obligations of, Sec red agent and little if appli	uch change water 607.0505, cable	as authorized by ti	ne corporati	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE		
office or agent 1: GNATURE	registered agent, or both, in the am familiar with, and accept the Signature typed or printed rame of register OFFICERS	State of Florida, Si obligations of, Sec	uch change wation 607.0505, cable (I	as authorized by to , Florida Statutes.	ne corporati	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO	DRS IN 12
office or agent 1: SNATURE	registered agent, or both, in the am familiar with, and accept the Signature typed or proved rame of register OFFICER:  PSD	State of Florida, Si obligations of, Sec red agent and little if appli	uch change water 607.0505, cable	as authorized by to Florida Statutes. NOTE Registered Agent	ne corporati	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE		PRS IN 12
office or agent 1: GNATURE	registered agent, or both, in the am lamiliar with, and accept the Signature sprace proved rame of register OFFICERS  PSD CAIRD, JOHN F	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change wation 607.0505, cable (I	as authorized by ti , Florida Statutes. NOTE Registered Agent 13.	ne corporati	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO	PRS IN 12
office or agent 1: GNATURE	Signature typed or proved came of register OFFICERS  PSD CAIRD, JOHN F 7990 BEAUMONT CT	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change wation 607.0505, cable (I	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title	he corporative	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO	PRS IN 12
office or agent I is GNATURE	registered agent, or both, in the am lamiliar with, and accept the Signature sprace proved rame of register OFFICERS  PSD CAIRD, JOHN F	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change watton 607.0505, cable   {	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-	ne corporative require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12
office or agent I :  BNATURE  .  f ME EET ADDRESS (-SI-ZIP) E	Signature typed or proved came of register OFFICERS  PSD CAIRD, JOHN F 7990 BEAUMONT CT	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change wation 607.0505, cable (I	as authorized by ti, Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE	ne corporative require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO	DRS IN 12
office or agent I: GNATURE  F ME FFT ADDRESS Y-SE-ZIP E ME	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change watton 607.0505, cable   {	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  22 NAME	bignature require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12
office or agent 1: SNATURE  F  ME  IFF ADDRESS  Y-SI-ZIP  E  ME  EET ADDRESS	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change watton 607.0505, cable   {	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.3 STREET AL	bignature require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12
office or agent 13 SNATURE  F  #E  FFT ADDRISS  (-SF-ZIP  E  EEL ADDRESS  (-SF-ZIP  EEL ADDRESS	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  22 NAME  23 STREET AE  2 4 CITY-ST-	bignature require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12 Addition
othes or agent 1: SNATURE	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change watton 607.0505, cable   {	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE	bignature require	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12 Addition
Office or agent 1 a gent 1 a g	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AE  2.4 CITY-ST-  3.1 TITLE  3.2 NAME	be corporate signature require DDRESS ZIP DDRESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12 Addition
Office or agent I is GNATURE.  I. I.E.  ME METT ADDRESS Y-SE-ZIP I.E.  ME METT ADDRESS Y-SE-ZIP I.E.  ME METT ADDRESS METT ADDRESS METT ADDRESS METT ADDRESS METT ADDRESS METT ADDRESS	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AE  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AE  3.3 STREET AE	Eignature require  DDRESS ZIP  DDRESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	DRS IN 12 Addition
office or agent 1 agent 1 agent 1 agent 1 agent 1 agent 1 agent 2 agen	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable #	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AE  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AE  3.4 CITY-ST-  3.4 CITY-ST-  3.4 CITY-ST-  3.4 CITY-ST-  3.4 CITY-ST-  3.4 CITY-ST-	Eignature require  DDRESS ZIP  DDRESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change	PRS IN 12 Addition Addition Addition
Office or agent I is GNATURE	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE	Eignature require  DDRESS ZIP  DDRESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change	PRS IN 12 Addition Addition Addition
Office or agent I a gent I a g	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable #	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME	DDRESS ZIP DDRESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change	PRS IN 12 Addition Addition Addition
othecor agent 1: 3NATURE f f f f f f f f f f ade f f f adde f f f adde f f f adde f f f adde f f f adde f f f adde f f f adde f f f f adde f f f f f f f f f f f f f f f f f f	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable #	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title 1.2 NAME 1.3 STREET AE 1.4 CITY-ST- 2.1 TITLE 22 NAME 23 STREET AE 24 CITY-ST- 31 TITLE 32 NAME 33 STREET AE 34 CITY-ST- 4.1 TITLE 4. 2 NAME 4.3 STREET AB 4.3 STREET AB	DDRESS ZIP DDRESS ZIP DDRESS DDRESS	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change	PRS IN 12 Addition Addition Addition
Office or agent 1: GNATURE  F ME  FFT ADDR-SS  F-SF-ZIP  E  ME  FET ADDRESS  (-SF-ZIP  E  ME  FET ADDRESS  (-SF-ZIP  L  ME  FET ADDRESS  (-SF-ZIP  L  ME  FET ADDRESS  (-SF-ZIP  L	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE  DELETE  DELETE	AS BUTTOFIZED BY BY Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AE  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AE  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AD  4.4 CITY-ST-  4.5 STREET AD  4.4 CITY-ST-  4.5 STREET AD  4.4 CITY-ST-	DDRESS ZIP DDRESS ZIP DDRESS DDRESS	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change Change	PR\$ IN 12 Addition Addition Addition Addition
OTHOR OF AGENT I I I I I I I I I I I I I I I I I I I	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable #	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title 1.2 NAME 1.3 STREET AE 1.4 CITY-ST- 2.1 TITLE 22 NAME 23 STREET AE 2 4 CITY-ST- 3.1 TITLE 32 NAME 33 STREET AE 4.1 TITLE 4.2 NAME 4.3 STREET AE 4.1 TITLE 4.2 NAME 4.3 STREET AD 4.4 CITY-ST- 5.1 TITLE	DDRESS ZIP DDRESS ZIP DDRESS DDRESS	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change	PR\$ IN 12 Addition Addition Addition Addition
Office or agent I a gent I a g	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE  DELETE  DELETE	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title  1.2 NAME  1.3 STREET AE  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AE  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AE  4.1 TITLE  4.2 NAME  4.3 STREET AE  4.1 TITLE  4.2 NAME  4.3 STREET AE  5.1 TITLE  5.2 NAME	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change Change	PR\$ IN 12 Addition Addition Addition Addition
Office or agent 1:3 SNATURE  F  ME  FFT ADDRESS  Y-SF-ZIP  E  ME  FET ADDRESS  Y-SF-ZIP  E  EFT ADDRESS  (-SF-ZIP  L  IE  EET ADDRESS  (-SF-ZIP  E  EET ADDRESS	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE  DELETE  DELETE	AS BUTTOFIZED DY BY Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AL  4.4 CITY-ST-  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.1 TITLE  5.2 NAME  5.3 STREET AD  5.3 STREET AD  5.3 STREET AD	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	on's board of directors  ed when reinstating)	ors. I hereby accer	DATE	DIRECTO Change Change Change	PR\$ IN 12 Addition Addition Addition Addition
Office or agent 1 a gent 1 a g	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	LICT CHANGE WITHOUT CONTROL OF THE C	as authorized by the Florida Statutes.  NOTE Registered Agent  13.  1.1 Title  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AL  4.4 CITY-ST-  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  5.5 STREET AL  5.4 CITY-ST-  5.5 STREET AL  5.5 STREET AL  5.6 CITY-ST-  5.7 STREET AL  5.7 STREET AL  5.7 STREET AL  5.8 STREET AL  5.9 STREET AL  5.9 STREET AL  5.9 STREET AL  5.1 CITY-ST-  5.	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	on's board of directors and the second of directors and di	ANGES TO OFFICE	DATE CER\$ AND	DIRECTO Change Change Change	PR\$ IN 12  Addition  Addition  Addition  Addition  Addition
Office or agent 1: agent 1: agent 1: agent 1: agent 1: agent 1: agent address y-st-zip e et address y-st-zip e e e e e e e e e e e e e e e e e e e	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	uch change witton 607.0505, cable # IS DELETE  DELETE  DELETE	AS BUTTOFIZED DY B. Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AL  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  6.1 TITLE	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	on's board of directors and the second of directors and di	ANGES TO OFFICE	DATE CER\$ AND	DIRECTO Change Change Change	PRS IN 12  Addition  Addition  Addition  Addition  Addition
Office or agent 1 a gent address y-st-zip  Effect address	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	LICT CHANGE WITHOUT CONTROL OF THE C	AS BUTTOFIZED DY B. Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AL  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.1 TITLE  5.3 NAME  5.4 CITY-ST-  6.1 TITLE  6.2 NAME	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP	on's board of directors and the second of th	IANGES TO OFFIC	DATE CER\$ AND	DIRECTO Change Change Change	PRS IN 12  Addition  Addition  Addition  Addition  Addition
Office or	registered agent, or both, in the am lamiliar with, and accept the stignature types or protect came of register OFFICER:  PSD CAIRD, JOHN F 7990 BEAUMONT CT NAPLES FL 34109	State of Florida, Stoobligations of, Sec red agent and title if appli S AND DIRECTOR	LICT CHANGE WITHOUT CONTROL OF THE C	AS BUTTOFIZED DY B. Florida Statutes.  NOTE Registered Agent  13.  1.1 TITLE  1.2 NAME  1.3 STREET AL  1.4 CITY-ST-  2.1 TITLE  2.2 NAME  2.3 STREET AL  2.4 CITY-ST-  3.1 TITLE  3.2 NAME  3.3 STREET AL  3.4 CITY-ST-  4.1 TITLE  4.2 NAME  4.3 STREET AL  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  5.1 TITLE  5.2 NAME  5.3 STREET AL  5.4 CITY-ST-  6.1 TITLE	DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	on's board of directors and the second of directors and di	IANGES TO OFFIC	DATE CER\$ AND	DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition

14. I do here by 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 indicated on this annual report or 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 efficien or director 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 13 if ghaving or or as a packaged or on an efficiency.

SIGNATURE: 3

NE AND TYPES OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/979415912193

(96/6) 750