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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

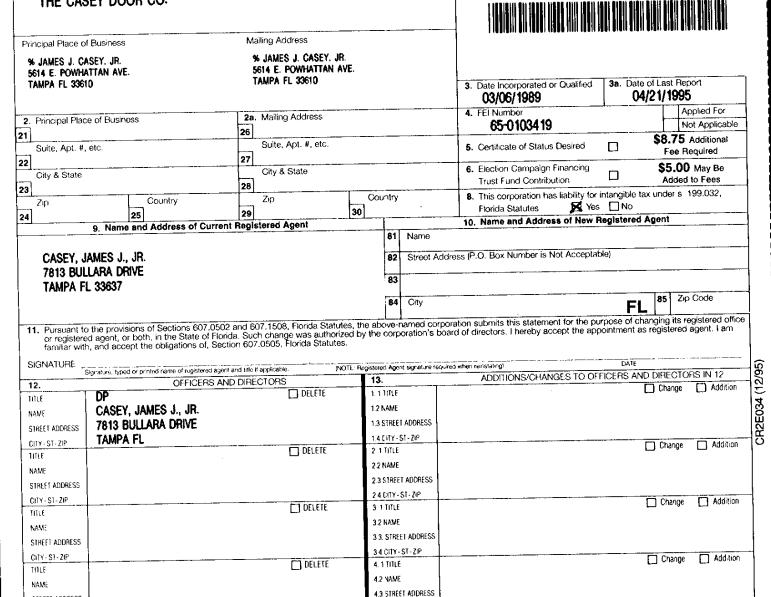
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further CITY - ST - ZIP certify that the information indicated 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 officer 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 nt with an address. appears in Block 12 or Block 13 if change

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

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STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

OF SIGNIN OFFICER OR DIRECTOR

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