|   |  | ING FEE AFTE  | R MAY 1 IS \$   | 550.00   |   | LED  | 0.0   |
|---|--|---|---|--|---|--|---|
|   | PROFIT<br>RPORATION  |   | FLORIDA DEPART<br>Sandra B.   |  | Mar 04 1  | .997 8:  | 00am  |
|   | JAL REPORT   |   | Secretary   |  | Secreta   | nrv of S   | tate  |
|   | 1997   |   | DIVISION OF CO  | DRPORATIONS  | _   |  |   |
| DOCU<br>1. Corporatio   | MENT # K   | 85410   | (4)   |  |   |  |   |
|   | A BEAUTY SALO  |   |   |  |   |  |   |
|   |  |   |   |  |   |  |   |
| Principal Piac  | e of Business  |   | ing Address   | ,,,,,,,,_,,,,,,,,  | ·····   | INNI UTUTI KICII UTUTI UTUTI I   | <b>                                    </b>   |
| C/O LEE WING<br>300 A SOUTH '<br>NOKOMIS FL 3   | TAMIAMI TRAIL  | 300 /   | lee wingate<br>\ South Tamiami tra<br>)mis fl 34275-3161  | IL.  |   |  |   |
|   |  |   |   |  | 3. Date Incorporated or Qualified 05/01/1989  | 3a. Date of Last Re<br>08/23/1996  | eport   |
| 2. Principal F  | lace of Business   | 28. 1<br>26   | Mailing Address   |  | 4. FEI Number<br>65-0122824   |  | plied For<br>t Applicable   |
| Suite, Apt  | #, elc.  | 5   | Suite, Apt. #, etc.   |  | <ol> <li>Certificate of Status Desired</li> </ol>   | \$8.75 #     Fee Re  | Additional  |
| 22<br>City & Stat   | te   | 27  | Dity & State  |  | 6. Election Campaign Financing  | \$5.00   | ······  |
| 23<br>Zip   | Cour   | 11ry 28   | /ip   | Country  | Trust Fund Contribution 8. This corporation has liability for in                                    | Added t  | o Fees  |
| 24]   | 25   | 29<br>ress of Current Registe   |   | 30   |   | Yes No   |   |
| WIN   | GATE, LEE  | ress of Corrent Registe   | rea Agent   | 81 Name  | 10. Name and Address of New net   | histelad vileur  |   |
| 300 /   | A SOUTH TAMIAMI  | TRAIL   |   | 62 Street Add  | dress (P.O. Box Number is Not Acceptab  | le)  |   |
| NUK   | (OMIS FL 34275   |   |   | 63   |   |  |   |
|   |  |   |   | 84 City  | ······································  | 85 Zip (   | Code  |
|   |  |   |   |  |   |  | 1   |
| office or r   | registereg agent, or br  | ections 607.0502 and 607<br>oth, in the State of Florida<br>coopt the obligations of t                                  | <ul> <li>Such change was au</li> </ul>  | Ithorized by the corpore   | rporation submits this statement for the p<br>ation's board of directors. I hereby accep            | UPOSE of changing it<br>the appointment as   | s registered<br>registered  |
| office or r<br>agent 1 a<br>SIGNATURE   | registered agent, or be<br>an familiar with and ac<br>Signates types or punted ha                          | oth, in the State of Florida<br>coupt the obligations of t<br>une of organized agent and logit                          | Such change was au<br>Soction 607.0505, Flor<br>applicable (NOTE  | Ithorized by the corporation of  | ation's board of directors. I hereby accep  | DATE   | registered  |
| office or r<br>agent 1 a  | registered agent, or be<br>an familiar with and ac<br>Signates types or punted ha                          | oth, in the State of Florida<br>coopt the obligations of t  | Such change was au<br>Soction 607.0505, Flor<br>applicable (NOTE  | Ithorized by the corporation of  | ation's board of directors. I hereby accep  | DATE   | registered  |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>1011<br>NAME  | registered agent, or bo<br>an familiar with and ad<br>Signature spector punted ha<br>PT<br>WINGATE, LEE    | oth, in the State of Florida<br>coopt the obligations of a<br>une of registered agent and log if<br>OFFICERS AND DIRECT | Such change was au<br>Section 607.0505, Flor<br>applicable (NOTE<br>ORS   | Ithorized by the corpora<br>ida Statutes.<br>Registered Agent signature requ<br>13.<br>1.1 TIFLE<br>1.2 NAME   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR   | S IN 12   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>Title   | registered agent, or be<br>an familiar with and ad<br>Signalian helicit or punted ha<br>PT<br>WINGATE, LEE | oth, in the State of Florida<br>coopt the obligations of a<br>une of registered agent and log if<br>OFFICERS AND DIRECT | Such change was au<br>Section 607.0505, Flor<br>applicable (NOTE<br>ORS   | Ithorized by the corpora<br>ida Statutes.<br>Registered Agent signature requ<br>13.<br>1.1 TIFLE   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR   | S IN 12   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-IY-ST-ZIP<br>TITLE   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS   | oth, in the State of Florida<br>coupt the obligations of a<br>me of ageneral agent and is all<br>OFFICERS AND DIRECT    | Such change was au<br>Section 607.0505, Flor<br>applicable (NOTE<br>ORS   | thorized by the corporation of the corporation of the corporation of the second agent signature requirement of the second of the   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR   | S IN 12   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>Title<br>NAME<br>STREET ADDRESS<br>C-IT-SI-2iP  | PT<br>WINGATE, LEE<br>633 BAYSHORE FL  | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is a f<br>OFFICERS AND DIRECT<br>ROAD    | I Such change was at<br>Soction 607.0505, Flor<br>applicable (NOTE<br>ORS   | thorized by the corporation of the corporation of the corporation of the second statutes.  Registered Agent signature requirements  1.1 TIFLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12   |
| office or r<br>agont 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-(Y-S1-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP  | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF                                 | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Applicable (NOTE<br>ORS   | thorized by the corporation of t   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agont 1 a<br>SIGNATURE<br>12.<br>TILE<br>NAME<br>STREET ADDRESS<br>C-IY-SI-ZIP<br>TILE<br>NAME<br>STREET ADDRESS   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | I Such change was at<br>Soction 607.0505, Flor<br>applicable (NOTE<br>ORS   | Ithorized by the corporation of  | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-TY - ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP<br>TITLE   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Applicable (NOTE<br>ORS   | Ithorized by the corporation Statutes.  Represent Agent signature required Agent signature requi   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>1014<br>NAME<br>STREET ADDRESS<br>C-1Y-S1-ZIP<br>1014<br>NAME<br>STREET ADDRESS<br>CHY-S1-ZIP<br>1014<br>NAME   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Applicable (NOTE<br>ORS   | thorized by the corpora<br>ida Statutes.<br>Registered Agent signature required<br><b>13.</b><br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TIFLE<br>3.2 NAME   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>11.<br>NAME<br>STREET ADDRESS<br>C-TY-ST-ZIP<br>TILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Appleable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | thorized by the corpora<br>ida Statutes.<br>Registered Agent signature required<br><b>13.</b><br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TIFLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>11.<br>NAME<br>STREET ADDRESS<br>C-TY-ST-ZIP<br>TITLE<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  | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Appleable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | Ithorized by the corpora<br>ida Statutes.<br>Propistered Agent Bignature required<br><b>13.</b><br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TIFLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>4.1 TIFLE<br>4.2 NAME<br>4.3 STREET ADDRESS   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>12.<br>THEE<br>NAME<br>STREET ADDRESS<br>C(Y+SI-ZP)<br>THEE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZP<br>THEE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZP<br>THEE<br>NAME  | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>Appleable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | thorized by the corpora<br>ida Statutes.<br>Projected Agent Bignarure required<br><b>13.</b><br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TIFLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TIFLE<br>4.2 NAME  | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>112.<br>11116<br>NAME<br>STREET ADDRESS<br>C-1Y-51-2IP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY-51-2IP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY-51-2IP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY-51-2IP<br>11116<br>NAME  | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>INOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | Ithorized by the corpora<br>ida Statutes.<br>Repistered Agent signature required<br><b>13.</b><br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>112.<br>11116<br>NAME<br>STREET ADDRESS<br>C-1Y - ST - ZIP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>INOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | Ithorized by the corpora<br>ida Statutes.<br>Repistered Agent signature required<br><b>13.</b><br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>112.<br>11116<br>NAME<br>STREET ADDRESS<br>C-1Y - 51 - 21P<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 21P<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 21P<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 21P<br>11116<br>NAME  | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is all<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>INOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE  | Ithorized by the corpora<br>ida Statutes.<br>Repistered Agent signature required<br><b>13.</b><br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE<br>5.2 NAME   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change   | S IN 12<br>Addition<br>Addition<br>Addition   |
| office or r<br>agont 1 a<br>SIGNATURE<br>11.<br>NAME<br>STREET ADDRESS<br>C-(Y-ST-ZP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>NAME   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is a f<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>applicable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE   | Ithorized by the corpora<br>ida Statutes.<br>Represend Agent signature required<br><b>13.</b><br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4. CITY - ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST-ZIP<br>6.1 TITLE<br>6.2 NAME   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change<br>Change<br>Change<br>Change   | S IN 12<br>Addition<br>Addition<br>Addition   |
| office or r<br>agont 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-TY - ST - ZIP<br>TITLE<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>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F               | oth, in the State of Florida<br>coupt the obligations of 1<br>ine of agent and is a f<br>OFFICERS AND DIRECT<br>ROAD    | Such change was at<br>Soction 607.0505, Flor<br>applicable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE   | Ithorized by the corpora<br>ida Statutes.<br>Represent Agent signature required<br><b>13</b> .<br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP<br>6.1 TITLE   | ation's board of directors. I hereby accep  | DATE<br>ERS AND DIRECTOR<br>Change<br>Change<br>Change<br>Change   | S IN 12<br>Addition<br>Addition<br>Addition   |
| office or r<br>agont 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADDRESS<br>C-TY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME   | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F<br>NOKOMIS FL | ath, in the State of Florida<br>coopt the obligations of 1<br>OFFICERS AND DIRECT<br>ROAD<br>TT I.<br>ROAD              | Such change was at<br>Soction 607.0505, Flor<br>Anplicable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>Stilling doos not qualify  | Ithorized by the corpora<br>ida Statutes.<br>Represend Agent signature required<br><b>13.</b><br>1.1 TILE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST-ZIP<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST-ZIP<br>4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY - ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST-ZIP<br>6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>5.4 CITY - ST-ZIP<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST-ZIP<br>5.1 TITLE<br>5.3 STREET ADDRESS<br>5.4 CITY - ST-ZIP<br>5.3 STREET ADDRESS<br>5.4 CITY   | ation's board of directors. I hereby acceptived when reinstating)<br>ADDITIONS/CHANGES TO OFFIC     | DATE<br>ERS AND DIRECTOR<br>ERS AND DIRECTOR<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change                     | S IN 12<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition   |
| office or r<br>agent 1 a<br>SIGNATURE<br>112.<br>11116<br>NAME<br>STREET ADDRESS<br>C-1Y - 51 - 28<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 29<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 29<br>11116<br>NAME<br>STREET ADDRESS<br>CITY - 51 - 29<br>11116<br>NAME | PT<br>WINGATE, LEE<br>633 BAYSHORE F<br>NOKOMIS FL<br>VS<br>WINGATE, ROBEF<br>633 BAYSHORE F<br>NOKOMIS FL | ath, in the State of Florida<br>coopt the obligations of 1<br>OFFICERS AND DIRECT<br>ROAD<br>TT I.<br>ROAD              | Such change was at<br>Soction 607.0505, Flor<br>Applicable (NOTE<br>ORS<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>Filing doos not qualify<br>tal annual report is the<br>power or trustee empory | thorized by the corpora<br>ida Statutes.<br>Propistered Agent signature required<br><b>13.</b><br>1.1 TIFLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TIFLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TIFLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TIFLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>5.1 TIFLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>5.1 TIFLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TIFLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>for the exemption state<br>6.4 CITY-ST-ZIP<br>1.1 TIFLE<br>1.1 TIF | ation's board of directors. I hereby accep<br>uired when reinsiating)<br>ADDITIONS/CHANGES TO OFFIC | DATE<br>ERS AND DIRECTOR<br>ERS AND DIRECTOR<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change<br>Change | In 12<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition<br>Addition |