COF ANNU	PROFIT RPORATION JAL REPORT 1997		Sandra Secr	ARTMENT OF STATE B. Mortham Batary of State F CORPORATIONS	Apr 2 Sec	retary		
	MENT # L(580, INC.	30079	(2)		A MARINA ANA MANA ANYA BANYA BANYA			
Principal Place of Business Mailing Address THOMAS O. MICHAELS ESO THOMAS O. MICHAELS ESO 370 PINEHURST RD 1370 PINEHURST RD DUNEDIN FL 34698 DUNEDIN FL 34898-5407					3. Date Incorporated or Qualified 3a. Date of Last Report			
Principa: P	lace of Business		2a. Mailing Address	<u> </u>	11/13/1989 4. FEI Number	01	1/26/1996	plied For
Suite, Apt.	44		26 Suite, Apt. #, etc.	······	59-2997146			t Applicabl
oune, Apt	#, enc.		Suite, Apt. #, etc.		5. Certificate of Status De	asired	\$8.75 / Fee Re	
City & Stat	le		City & State		6. Election Campaign Fina	· · ·	\$5.00	•
Zip	Coun		28 Zip	Country	Trust Fund Contribution 8. This corporation has lia		Added to tax under s	
	9. Name and Add		29	30	Florida Statutes 10. Name and Address of			
MIC	HAELS, THOMAS O			81 Name				
				82 Street /		Accontable)		
	0 PINEHURST RD			BZ SUBELA	Address (P.O. Box Number is Not	ACCEPTIONE)		
	VEDIN FL 34698				Adoress (P.O. Box Number is Not)			
				83	Address (P.O. Box Number is Not			
DUN Pursuant office or r	NEDIN FL 34898	ctions 607.0502 an	id 607.1508, Florida Sta Iorida. Such change wi	83 84 City tutes, the above-named as authorized by the corp	·	F		
DUN Pursuant office or r agent 1 a SNATURE	NEDIN FL 34898 to the provisions of Se registered agent, or bo ann familiar with, and ac Stipature, typed or printed no	cept the obligation	is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13.	corporation submits this statement oration's board of directors. I have required when reinstating) ADDITIONS/CHANGES	F t for the purpose aby accept the ap oate	of changing it opointment as	s registered registered
Pursuant office or r agent 1 a GNA1 URE.	NEDIN FL 34898 to the provisions of Se registered agent, or bo ann familiar with, and ac Signeture, typed or posted no	cept the obligation ne of registered agont an OFFICERS AND DI	d title if applicable (83 84 City tutes, the above-named as authorized by the corp Florida Statutes.	corporation submits this statemen oration's board of directors. I here required when reinstating) ADDITIONS/CHANGES	t for the purpose by accept the ap DATE TO OFFICERS AN	of changing it opointment as	s registerec registered
Pursuant office or r agent 1 a GNA1URE F	NEDIN FL 34898 to the provisions of Se registered agent, or bo am familiar with, and ac Signature, typed or printed mi PST MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI	is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 1.1 THLE	corporation submits this statement oration's board of directors. I here addition a directors of the statement ADDITIONS/CHANGES P, S, T McMullen, John I 303 Eastleigh Dr	t for the purpose aby accept the ap oate TO OFFICERS AN	of changing it opointment as	s registered registered
DUN Pursuant office or r agent 1 a SNATURE F F ELLADDRESS (-S1-ZIP	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL	cept the obligation ne of registered agent an OFFICERS AND DI	Is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City tutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13, 11 TITLE 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP	corporation submits this statement oration's board of directors. I here required when reinstating) ADDITIONS/CHANGES P, S, T MCMullen, John I	t for the purpose aby accept the ap oate TO OFFICERS AN	D DIRECTOR	s registered registered S IN 12
Pursuant office or r agent 1 a SNATUF(E. F IF EELADORESS ST-ZIP E	NEDIN FL 34898 to the provisions of Se registered agent, or bo am fermiber with, and ac Signeture, typed or printed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City tutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13, 11 TITLE 12 NAME 13 STREET ADORESS	corporation submits this statement oration's board of directors. I here addition a directors of the statement ADDITIONS/CHANGES P, S, T McMullen, John I 303 Eastleigh Dr	t for the purpose aby accept the ap oate TO OFFICERS AN C. cive la 34616	of changing it opointment as	s registered registered S IN 12
Pursuant office or r agent 1 a sNAT UF(E. F IF ELADORESS - ST-ZIP E IE	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	Is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 11 Title 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	D DIRECTOR	s registered registered S IN 12
DUN Pursuant office or r agent 1 a SNATURE. F IE ELADORESS ST-ZIP E E EE ADDRESS	NEDIN FL 34698 to the provisions of Se registered agent, or bo am fermiber with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	Is of, Section 607.0505, d title if applicable (IRECTORS) DELETE	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent eigneture 13. 11 TitLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement poration's board of directors. I have addition reinstaine) ADDITIONS/CHANGES P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L.	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATURE. F IF ELADORESS - ST-ZIP E EET ADDRESS - ST-ZIP	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	Is of, Section 607.0505, d title if applicable () IRECTORS	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 1.1 TitLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	D DIRECTOR	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a sNATUHE. F ELADDRESS ST-2IP E ELADDRESS ST-2IP E ELADDRESS	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	Is of, Section 607.0505, d title if applicable (IRECTORS) DELETE	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 11 TitlE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TitlE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATURE. F F F F F F F F F F F F F	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable () IRECTORS DELETE DELETE DELETE	83 atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a GNATURE. F AF EFLADDRESS (-ST-ZIP E EETADDRESS (-ST-ZIP E EETADDRESS (-ST-ZIP E	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	Is of, Section 607.0505, d title if applicable (IRECTORS) DELETE	83 atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATURE. F F F F F E E E ADDRESS ST-ZIP E E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E E E ADDRESS ST-ZIP E E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E E ADDRESS A A A A A A A A A A A A A	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable () IRECTORS DELETE DELETE DELETE	83 atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATUF(E. F F F F F E E E ST-ZIP E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP E E E E ADDRESS ST-ZIP E E E E E ADDRESS ST-ZIP	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, IRECTORS DELETE DELETE DELETE DELETE DELETE	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Begistered Agent signature 13. 11 Title 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP 21 Title 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATURE. F IE IE IE EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E EET ADORESS (-ST-ZIP E	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable () IRECTORS DELETE DELETE DELETE	83 84 City Atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 11 Title 12 NAME 13.STREET ADDRESS 14.CITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNAT UF(E. E EL ADORESS ST-ZIP E EE EET ADDRESS ST-ZIP E EE EET ADDRESS ST-ZIP E EE EE EE EE EE EE EE EE EE	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, IRECTORS DELETE DELETE DELETE DELETE DELETE	83 84 City atutes, the above-named as authorized by the corp Florida Statutes. NOTE: Begistered Agent signature 13. 11 Title 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP 21 Title 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 34. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNAT UF(E. F IF IF IF IF IF IF IF IF IF	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable IRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Autors, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent Eigneture 13. 11 THLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 3.4, CITY-ST-ZIP 5.1 THLE 5.2 NAME	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a BNAT UF(E. F AE RELADORESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E E AE EET ADDRESS (-ST-ZIP E E AE EET ADDRESS (-ST-ZIP E E E AE EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, IRECTORS DELETE DELETE DELETE DELETE DELETE	83 84 City Autors, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 11 TitlE 12 NAME 13 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change	s registered registered
DUN Pursuant office or r agent 1 a SNAT UF(E. F E EL ADORESS - ST- ZIP E EET ADDRESS - ST- ZIP E EET ADDRESS - ST- ZIP E EET ADDRESS - ST- ZIP E E ET ADDRESS - ST- ZIP E E E E E E E E E E E E E	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable IRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Autors, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Apent signature 13. 11 TitlE 12 NAME 13 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Additio
DUN Pursuant office or r agent 1 a SNATUF(E. F F F F F E E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E AE E E (-ST-ZIP E AE E (-ST-ZIP E AE E (-ST-ZIP E AE E (-ST-ZIP (-ST-ZIP E (-ST-ZIP (-ST-ZIP E (-ST-ZIP (-ST-ZIP E (-ST-ZIP) (-ST-ZIP (-ST-ZIP (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP) (-ST-ZIP)	NEDIN FL 34698 to the provisions of Se registered agent, or bo am femiliar with, and ac Signature, typed or pointed mi PST MCMULLEN, JOH 303 EASTLEIGHT BELLEAIR FL D MCMULLEN, JOH 303 EASTLEIGHT	cept the obligation ne of registered agent an OFFICERS AND DI N L. DRIVE	IS OF, Section 607.0505, d title if applicable IRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Autors, the above-named as authorized by the corp Florida Statutes. NOTE: Registered Agent signature 13. 11 TitlE 12 NAME 13 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE	corporation submits this statement poration's board of directors. I have ADDITIONS/CHANGES' P,S,T McMullen, John I 303 Eastleigh Dr Belleair, Florid D McMullen, John L. 303 Eastleigh Dr	F it for the purpose aby accept the ap DATE TO OFFICERS AN C. Cive a 34616 cive	Of changing it opointment as OD DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Additio