III III III III III IIII IIIIIIIIIIII	COR ANNU	PROFIT PORATION AL REPORT 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CC	e Harris of State		May 08, Secreta 05-08-1999 5	-	) 8:0 f Sta	
Name of Backeters     Mailing Address       P. DO KGR     P. O. DOK KR       PALM GTY FL 34900     P.O. DOK KR       2. Principal Flace of Business     2.       2. Principal Flace of Business     2.       2. Principal Flace of Business     2.       3. Date incorported or Outsilled     U/2/25/1990       2. Principal Flace of Business     2.       3. Date incorported or Outsilled     U/2/25/1990       2. Principal Flace of Business     2.       3. Date incorported or Outsilled     U/2/25/1990       2. Principal Flace of Business     2.       3. Date incorported or Outsilled     X State Applicable       3. State Applicable     Y State Applicable       3. State	1. Corporation	Name	7956							
PALUA GTY FL 3490       DO NOT WRITELIN THIS SYACE         2. Principal Place of Business       2s. Mailing Address       4. FEI Number       Applied Fer         2. Principal Place of Business       2s. Mailing Address       4. FEI Number       Applied Fer         3. Data incorporated or Oxalified       Q4/25/1980       Stat. Appliedbill       Applied Fer         2. Principal Place of Business       2s. Mailing Address       4. FEI Number       Applied Fer         2. Principal Place of Business       2s. Mailing Address       4. FEI Number       Applied Fer         2. County       2s. County       5. Centification Campaign Financing       Academication Campaign Financing       Academication Campaign Financing       Academication Financing       Academica	Principal Place	of Business	N	Mailing Address			# <b>00</b> ##################################	{	UII UIUII EIUII UI	ULE BIBHI LEUI
2. Principal Place of Business         24. Maling Address         4. FEI Number		34990						TE IN THIS	SPACE	
Built     Product Processor     State     Suite     April Processor     State							· · · · · · · · · · · · · · · · · · ·			11 <b>-</b>
Suite, Apt, F. etc.         Suite, Apt, F., etc.         Status         Status </td <td>- ·</td> <td>ace of Business</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	- ·	ace of Business								
City & State       City & State       6. Election company Financing       St.200 May be set         Zip       Zip       Country       Zip       Country       8. This company Financing       Addet to be set         Addet to be set       Zip       Zip       Zip       Country       8. This company Financing       Maximum Company Financing <td< td=""><td>Suite, Apt. i</td><td>#, etc.</td><td></td><td>Suite, Apt. #, etc.</td><td></td><td></td><td></td><td>X</td><td></td><td></td></td<>	Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				X		
J         Zp         Country         Zp         Country         S. This corporation owes the current year intargible Personal Property Tax.         E. Yes         MNo           9. Name and Address of Current Registered Agent         8. This corporation owes the current year intargible Personal Property Tax.         E. Yes         MNo           GALFOND, DAVID C. 8 SOUTH SEWALL'S POINT ROAD STUART FL 33499         81         Name         81         Name           84         City         83         End         FL         85         Zip Code           91         Personal Property Tax.         81         Name         84         Name         Street Address (P.O. Box Number is Not Acceptable)         85         Street Address (P.O. Box Number is Not Acceptable)         85         Street Address (P.O. Box Number is Not Acceptable)         85         Street Address (P.O. Box Number is Not Acceptable)         85         Street Address (P.O. Box Number is Not Acceptable)         86         City         FL         85         Zip Code           97         191         Barbard Address (P.O. Box Number is Not Acceptable)         86         City Code         Street Address (P.O. Box Number is Not Acceptable)         86         City Code         Street Address (P.O. Box Number is Not Acceptable)         80         City Code         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not	City & State	2		City & State						
GALFOND, DAVID C. 8 SOUTH SEWALL'S POINT ROAD STUART FL 33499     61     Name       41     Name     82       94     City     62       94     City     63       94     City     64       94     City     65       94     City     65       94     City     7       94     City     2       94     City     2	Zip	25	29	Zip 3	- <i>`</i>		8. This corporation owes the curr Personal Property Tax.		ingible [] Yes ]	
SOUTH SEWALL'S POINT ROAD     STORE ADDRESS (P.O. BOX RUINDED IS NAX ADDRESS)     STORE ADDRESS (P.O. BOX RUINDED IS		9. Name and Address	s of Current Regi	istered Agent	81 Name		10. Name and Address of New I	Registered A	Agent	
STUART FL 33499         84         FL       95       Zip Code         FL       95       Zip Code         FL       95       Zip Code         FL       95       Zip Code         Colspan="2">FL       95       Zip Code         Colspan="2">Colspan="2">FL       95       Zip Code         Colspan="2">Colspan="2">FL       95       Zip Code         Colspan="2">Colspan="2">FL       95       Zip Code         Colspan="2">Colspan="2">FL       95       Zip Code         Colspan="2">Colspan="2">Colspan= 2000 Minet Total Statutes         Colspan="2">Colspan= 2000 Minet Colspan="2">Colspan= 2000 Minet Total Statutes         Colspan= 2000 Minet Colspan="2">Colspan= 2000 Minet Total Statutes         Colspan= 2000 Minet Colspan= 2000 Minet Total Statutes         Colspan= 2000 Minet Colspan= 2000 Minet Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2000 Minet Colspan="2">Colspan= 2000 Minet Colspan= 2000 Minet Colspan="2">Colspan= 2000 Minet Colspan= 2000 Minet Colspan="2"       Colspan="2"       Col					82 Street	Address	(P.O. Box Number is Not Accept	able)		
B4         City         FL         55         Zip Code           11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.         Statutes         Energy agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.           SIGNATURE         Supmiter. types of printer name of registered agent and accept the obligations of, Section 607 0505. Florida Statutes.         Imme         SD         Imme         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Imme           13.         ARMELLINI, RICHARD         Imme         SD         Imme         SD         Imme         SD         Imme         SD         Imme         SD         Imme         Imme         SD         Imme			INUAD		83					
11. Pursuant to the provisions of Sactions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pursue of changing its registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.         SIGNATURE       Signature, used or period agent and the polyations of, Section 607 0505, Florida Statutes.         SIGNATURE       OFFICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         Viewe       ARMELLINI, RICHARD       Change       Addition of the state of Florida Statutes.         ARMELLINI, RICHARD       DELEFE       11 The       SD       Change       Addition of the state of Florida Statutes.         ARMELLINI, RICHARD       DELEFE       11 The       SD       Change       Addition of the state of Florida Statutes.         ARMELLINI, RICHARD       DELEFE       11 The       SD       Change       Addition of the state of Florida Statutes.         ARMELLINI, RICHARD       DELEFE       11 The       Change       Addition of the state of Florida Statutes.         ARMELLINI, RICHARD       STREET ADDRESS       22 TAWE       STREET ADDRESS       Change       Addition of the state of Florida Statutes.         STREET ADDRESS       STITEET ADDRESS       STITEE ADDRESS       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       STR										
SIGNATURE         The sequence operator of registered agent and till if applicable       (NOTE: Registered Agent applicable					84 City			FI	85 Zip C	ode
12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TITLE       SD       C Ohange       Additional content of the second of the se	office or re	egistered agent. or both, ir	n the State of Flor	rida. Such change was aut	, the above-named	l corpora poration's	tion submits this statement for the board of directors. I hereby acce	Durpose of (	changing its r	edistered
ARMELLINI, RICHARD       12 NAME       ARMELLINI, RICHARD         STREET ADDRESS       2671 MEADOW WOOD CT       13 STREET ADDRESS       245 3 PROVENCE CIRCLE         207: 51: 2P       WESTON FL 33332       14 CITV: 51: 2P       WESTON, FL 33327         TITLE       T       DELETE       21 TITLE         WAWE       NICHOLASON, JOHN J.       23 STREET ADDRESS         STREET ADDRESS       1149 S.W. HOGAN STREET       23 STREET ADDRESS         CITY: 51: 2P       PORT ST. LUCIE FL       24 CITV: 51: 2P         WAWE       ARMELLINI, WILLIAM       33 STREET ADDRESS         SO23 SE RIVER TERR       3 STREET ADDRESS         CITY: 51: 2P       Change       Addition         WAWE       ARMELLINI, STEPHEN       3 STREET ADDRESS         STREET ADDRESS       323 STREET ADDRESS       Change         CITY: 51: 2P       Change       Addition         WAWE       ARMELLINI, STEPHEN       3 STREET ADDRESS         STREET ADDRESS       32 STREET ADDRESS       Change         CITY: 51: 2P       Change       Addition         WAWE       ARMELLINI, STEPHEN       4 CITY: 51: 2P         WAWE       ARMELLINI, DAVID       53 STREET ADDRESS         STREET ADDRESS       Change       Addition <td>office or re agent. I ar SIGNATURE</td> <td>egistered agent, or both, ir n familiar with, and accep</td> <td>n the State of Flor It the obligations o</td> <td>rida. Such change was auti of, Section 607.0505, Florid</td> <td>, the above-named horized by the corp la Statutes.</td> <td>oration s</td> <td>board of directors. Thereby acce</td> <td>purpose of o pt the appoin</td> <td>changing its r</td> <td>edistered</td>	office or re agent. I ar SIGNATURE	egistered agent, or both, ir n familiar with, and accep	n the State of Flor It the obligations o	rida. Such change was auti of, Section 607.0505, Florid	, the above-named horized by the corp la Statutes.	oration s	board of directors. Thereby acce	purpose of o pt the appoin	changing its r	edistered
STREET ADDRESS       2671 MEADOW WOOD CT       13 STREET ADDRESS       24 5 3 PROVENCE_CIRCLE         CITY-ST-2P       WESTON FL 3332       140 TY-ST-2P       WESTON, FL 33327         TITLE       T       DELETE       21 TITLE       Change       Addition         NAME       NICHOLASON, JOHN J.       22 MAKE       23 STREET ADDRESS       Change       Addition         STREET ADDRESS       1149 S.W. HOGAN STREET       23 STREET ADDRESS       CTY-ST-2P       Change       Addition         OTY-ST-ZP       PORT ST. LUCIE FL       24 CITY-ST-ZP       Change       Addition         NAME       SUBSET ADDRESS       32 STREET ADDRESS       Change       Addition         STREET ADDRESS       3023 SE RIVEN TERR       33 STREET ADDRESS       Change       Addition         STREET ADDRESS       SUBART FL 34996       34 CITY-ST-ZP       Change       Addition         TITLE       D       DELETE       41 TITLE       Change       Addition         NAME       ARMELLINI, STEPHEN       4 2 NAME       4 STREET ADDRESS       Change       Addition         STREET ADDRESS       2905 SW GULF HARBOR LN       5 STREET ADDRESS       Change       Addition         STREET ADDRESS       2905 SW GULF HARBOR LN       5 STREET ADDRESS       Cha	office or re agent. I ar SIGNATURE	egistered agent, or both, in m familiar with, and accep Signature, typed or printed name of	n the State of Flor It the obligations o registered agent and title	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-named horized by the corp a Statutes.	oration s	en reinstating)	purpose of opt the appoin	changing its r itment as reg	egistered istered RS IN 12
City of all       The T       DELETE       21 TITLE       Change       Addition of the product	office or re agent. I ar SIGNATURE 12.	egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFf SD	n the State of Flor It the obligations o registered agent and lith FICERS AND DIR	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-named horized by the corp la Statutes. egistered Agent signature 13. 1.1 TITLE	required wh	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	changing its r itment as reg	egistered istered
Intel       Intel       Intel       Intel       Intel       Intel         WAWE       NICHOLASON, JOHN J.       Italy S.W. HOGAN STREET       22 NAWE         STREET ADDRESS       1149 S.W. HOGAN STREET       23 STREET ADDRESS         CITY-ST-ZP       PORT ST. LUCIE FL       2.4 CITY-ST-ZP         WAWE       ARMELLINI, WILLIAM       32 NAME         STREET ADDRESS       3023 SE RIVER TERR       33 STREET ADDRESS         GITY-ST-ZP       STUART FL 34996       34 CITY-ST-ZP         STREET ADDRESS       6820 APPALOOSA TRAIL       43 STREET ADDRESS         GITY-ST-ZP       FORT LAUDERDALE FL       4 CITY-ST-ZP         OTY-ST-ZP       FORT LAUDERDALE FL       4 CITY-ST-ZP         OTY-ST-ZP       FORT LAUDERDALE FL       4 CITY-ST-ZP         OTY-ST-ZP       FORT LAUDERDALE FL       0 DELETE         OTY-ST-ZP       FORT LAUDERDALE FL       1 DELETE         OTY-ST-ZP       FORT LAUDERDALE FL       2 NAME         NAME       ARMELLINI, DAVID       53 STREET ADDRESS         2005 SW GULF HARBOR LN       53 STREET ADDRESS       CITY-ST-ZP         TITLE       D       DELETE       64 CITY-ST-ZP         TITLE       D       Change       Additi         NAME <td< td=""><td>office or re agent. I ar SIGNATURE 12. ITLE</td><td>egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD</td><td>n the State of Flor t the obligations o registered agent and titl FICERS AND DIR</td><td>rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS</td><td>, the above-name horized by the corp a Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME</td><td>required wh</td><td>en reinstating) ADDITIONS/CHANGES TO OF</td><td>purpose of opt the appoin</td><td>changing its r itment as reg</td><td>egistered istered RS IN 12</td></td<>	office or re agent. I ar SIGNATURE 12. ITLE	egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD	n the State of Flor t the obligations o registered agent and titl FICERS AND DIR	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-name horized by the corp a Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME	required wh	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	changing its r itment as reg	egistered istered RS IN 12
STREET ADDRESS       1149 S.W. HOGAN STREET       23 STREET ADDRESS         CITV-ST-ZP       PORT ST. LUCIE FL       24 CITV-ST-ZP         ITTLE       PD       DELETE       31 TITLE         NAME       ARMELLINI, WILLIAM       32 NAME         STREET ADDRESS       3023 SE RIVER TERR       33 STREET ADDRESS         STUDART FL 34996       34 CITV-ST-ZP         TITLE       D       DELETE         ARMELLINI, STEPHEN       4 2 NAME         STREET ADDRESS       6820 APPALOOSA TRAIL         STREET ADDRESS       6820 APPALOOSA TRAIL         STREET ADDRESS       4 CITV-ST-ZP         TITLE       D         NAME       ARMELLINI, STEPHEN         STREET ADDRESS       6820 APPALOOSA TRAIL         STREET ADDRESS       2905 SW GULF HARBOR LN         STREET ADDRESS       2905 SW CIUFH HARBOR LN         STREET ADDRESS       2905 SW CIUF HARBOR LN         STREET ADDRESS       2905 SW CIUFH HARBOR LN         STREET ADDRESS       35 STREET ADDRESS	office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFI SD ARMELLINI, RICHARD 2671 MEADOW WOO	n the State of Flor t the obligations o registered agent and titl FICERS AND DIR	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-named horized by the corp la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required wh	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOP	egistered istered RS IN 12
CITY-ST-ZP       PORT ST. LUCIE FL       2.4 CITY-ST-ZP         ITTLE       PD       DELETE       3.1 TILE         NAME       ARMELLINI, WILLIAM       32 NAME         STREET ADDRESS       3023 SE RIVER TERR       3.5 STREET ADDRESS         OCITY-ST-ZP       STUART FL 34996       34 CITY-ST-ZP         TITLE       D       DELETE       4.1 TITLE         NAME       ARMELLINI, STEPHEN       Change       Additive         NAME       ARMELLINI, STEPHEN       4.1 TITLE       Change       Additive         NAME       ARMELLINI, STEPHEN       4.2 NAME       4.3 STREET ADDRESS       Change       Additive         STREET ADDRESS       6820 APPALOOSA TRAIL       4.3 STREET ADDRESS       Change       Additive         STREET ADDRESS       520 APPALOOSA TRAIL       4.3 STREET ADDRESS       Change       Additive         STREET ADDRESS       290 S SW GULF HARBOR LN       5.3 STREET ADDRESS       Change       Additive         STREET ADDRESS       2905 SW GULF HARBOR LN       5.3 STREET ADDRESS       CITY-ST-ZIP       Change       Additive         STREET ADDRESS       2905 SW GULF HARBOR LN       5.3 STREET ADDRESS       CITY-ST-ZIP       Change       Additive         STREET ADDRESS       6.1 TITLE	office or re agent. I ar SIGNATURE 12. 11. 12. 12	egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T	n the State of Flor It the obligations of Pregistered agent and title FICERS AND DIR DD CT	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-named horized by the corp la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required wh	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOP	egistered istered RS IN 12
Inte       PD       Construction       Struction       Struction <td< td=""><td>office or re agent. I ar SIGNATURE 12. ITTLE VAME STREET ADORESS CITY-ST-ZIP ITTLE VAME</td><td>egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN</td><td>n the State of Flor It the obligations of Pregistered agent and till FICERS AND DIR DD CT</td><td>rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS</td><td>, the above-named horized by the corr la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME</td><td>required wh SD ARME 2453 WEST</td><td>en reinstating) ADDITIONS/CHANGES TO OF</td><td>purpose of opt the appoin</td><td>D DIRECTOP</td><td>egistered istered RS IN 12</td></td<>	office or re agent. I ar SIGNATURE 12. ITTLE VAME STREET ADORESS CITY-ST-ZIP ITTLE VAME	egistered agent, or both, in n familiar with, and accep Signature, typed or printed name of OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN	n the State of Flor It the obligations of Pregistered agent and till FICERS AND DIR DD CT	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS	, the above-named horized by the corr la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOP	egistered istered RS IN 12
STREET ADDRESS       3023 SE RIVER TERR         STREAT ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       STUART FL 34996         NAME       D         ARMELLINI, STEPHEN       4 2 NAME         ARMELLINI, STEPHEN       4 2 NAME         STREET ADDRESS       6820 APPALOOSA TRAIL         G820 APPALOOSA TRAIL       43 STREET ADDRESS         CITY-ST-ZIP       FORT LAUDERDALE FL         HTTLE       D         D       DELETE         STREET ADDRESS       6820 APPALOOSA TRAIL         G820 APPALOOSA TRAIL       43 STREET ADDRESS         CITY-ST-ZIP       FORT LAUDERDALE FL         MAME       D         STREET ADDRESS       2905 SW GULF HARBOR LN         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       PALM CITY FL 34990         TITLE       D         DUSHARM, JUDITH       62 NAME         STREET ADDRESS       1757 S.W. CRANE CREEK CIRCLE         PALM CITY FL       63 STREET ADDRESS         CITY-ST-ZIP       64 CITY-ST-ZIP         TITLE       D         NAME       DUSHARM, JUDITH         STREET ADDRESS       63 STREET ADDRESS         ITST S. W. CRANE CREEK CIRCLE       63 S	office or re agent. I ar SIGNATURE 12. ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in m familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL	n the State of Flor It the obligations of Pregistered agent and till FICERS AND DIR DD CT	rida. Such change was aut of, Section 607.0505, Florid RECTORS	, the above-named horized by the corp la Statutes. egistered Agent agnature 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	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOI	egistered istered RS IN 12 Addition
STUART FL 34996       34 CITY-ST-ZIP         TITLE       D       DELETE       4.1 TITLE         NAME       ARMELLINI, STEPHEN       4.2 NAME         STREET ADDRESS       6820 APPALOOSA TRAIL       4.3 STREET ADDRESS         GRY-ST-ZIP       FORT LAUDERDALE FL       44 CITY-ST-ZIP         TITLE       D       DELETE       5.1 TITLE         D       DELETE       5.1 TITLE       Change       Addition         NAME       ARMELLINI, DAVID       52 NAME       53 STREET ADDRESS       Change       Addition         STREET ADDRESS       2905 SW GULF HARBOR LN       53 STREET ADDRESS       53 STREET ADDRESS       CITY-ST-ZIP         TITLE       D       DELETE       6.1 TITLE       Change       Addition         NAME       ARMELLINI, DAVID       53 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         TITLE       D       DELETE       6.1 TITLE       Change       Addition         NAME       DUSHARM, JUDITH       62 NAME       63 STREET ADDRESS       Change       Addition         STREET ADDRESS       1757 S.W. CRANE CREEK CIRCLE       63 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       DUSHARM, JUDITH       64 CITY-ST-ZIP	office or re agent. I ar SIGNATURE 12. ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE	egistered agent, or both, in m familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD	n the State of Flor it the obligations of registered agent and tith FICERS AND DIR DD CT DD CT	rida. Such change was aut of, Section 607.0505, Florid RECTORS	egistered Agent agnature 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	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOI	egistered istered RS IN 12
Inte       D	office or re agent. I ar SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE VAME	agistered agent, or both, in m familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM	n the State of Flor it the obligations of registered agent and tith FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid RECTORS	, the above-named horized by the corp la Statutes. egistered Agent agnature 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	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOI	egistered istered RS IN 12 Addition
STREET ADDRESS       6820 APPALOOSA TRAIL       43 STREET ADDRESS         CITY-ST-ZIP       FORT LAUDERDALE FL       44 CITY-ST-ZIP         TITLE       D       DELETE       5.1 TITLE         NAME       ARMELLINI, DAVID       52 NAME         STREET ADDRESS       2905 SW GULF HARBOR LN       53 STREET ADDRESS         CITY-ST-ZIP       PALM CITY FL 34990       54 CITY-ST-ZIP         TITLE       D       DELETE       6.1 TITLE         D       DELETE       6.1 TITLE       Change         NAME       DUSHARM, JUDITH       62 NAME         STREET ADDRESS       1757 S.W. CRANE CREEK CIRCLE       63 STREET ADDRESS         CITY-ST-ZIP       PALM CITY FL       64 CITY-ST-ZIP         14. I hereby 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 information continue on the continue and decurate and that my signature shall have the same legal effect as if made under cath; that I am an	office or re agent. I ar SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS	agistered agent, or both, in m familiar with, and accep Signature, typed or printed name of OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF	n the State of Flor it the obligations of registered agent and tith FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid RECTORS	, the above-name horized by the corp la Statutes. egistered Agent agnature 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	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOR	egistered istered RS IN 12 Addition
CITY-ST-ZIP       FORT LAUDERDALE FL       44 CITY-ST-ZIP         TITLE       D       DELETE       5.1 TITLE       ] Change       Additi         NAME       ARMELLINI, DAVID       52 NAME	office or re agent. I ar SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in m familiar with, and accep OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D	n the State of Flor it the obligations of registered agent and title FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid RECTORS	egistered 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 4.1 TITLE	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOR	egistered istered RS IN 12 Addition
ARMEELLINI, DAVID 52 NAME 63 STREET ADDRESS 2905 SW GULF HARBOR LN 53 STREET ADDRESS 54 CITY-ST-ZIP PALM CITY FL 34990 54 CITY-ST-ZIP Change Change Change Addition Street ADDRESS 1757 S.W. CRANE CREEK CIRCLE 61 TITLE CITY-ST-ZIP PALM CITY FL CREEK CIRCLE 64 CITY-ST-ZIP PALM CITY FL CREEK CIRCLE 64 CITY-ST-ZIP PALM CITY FL CREEK CIRCLE 64 CITY-ST-ZIP CITY FL CREEK CIRCLE 64 CITY-ST-ZIP CALCULAR CONSTRUCTION STATED IN STREET ADDRESS CITY-ST-ZIP PALM CITY FL CREEK CIRCLE 64 CITY-ST-ZIP CITY FL CREEK CIRCLE 64 CITY-ST-ZIP CITY FL CI	office or re agent. I ar SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	agistered agent, or both, in m familiar with, and accep OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHER	n the State of Flor it the obligations of registered agent and tith FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid RECTORS	, the above-named horized by the corp la Statutes. egistered 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 4.1 TITLE 4.2 NAME	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	D DIRECTOR	egistered istered RS IN 12 Addition
ARMELLIN, DAVID STREET ADDRESS 2905 SW GULF HARBOR LN 53 STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 DELETE D Change CITY-ST-ZIP DUSHARM, JUDITH 52 NAME DUSHARM, JUDITH 53 STREET ADDRESS 1757 S.W. CRANE CREEK CIRCLE 63 STREET ADDRESS CITY-ST-ZIP PALM CITY FL 64 CITY-ST-ZIP 14. I hereby 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 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 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 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 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 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 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 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 the information further certify that the information	office or re agent. I ar SIGNATURE ITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in m familiar with, and accep OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHER 6820 APPALOOSA TI	n the State of Flor it the obligations of registered agent and title FICERS AND DIR DD CT I J. STREET RAIL	rida. Such change was aut of, Section 607.0505, Florid le f applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp la Statutes. egistered 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its reg D DIRECTOR Change Change Change Change Change	egistered istered RS IN 12 Addition
CITY-ST-ZIP       PALM CITY FL 34990       54 CITY-ST-ZIP         TITLE       DELETE       6.1 TITLE         NAME       DUSHARM, JUDITH       6.2 NAME         STREET ADDRESS       1757 S.W. CRANE CREEK CIRCLE       6.3 STREET ADDRESS         CITY-ST-ZIP       PALM CITY FL       64 CITY-ST-ZIP         14. I hereby 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 indigenee and decurate and decurate and the same legal effect as if made under path; that I am an	office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12	agistered agent, or both, in m familiar with, and accep OFI SIgnature, typed or printed name of OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHER 6820 APPALOOSA TI FORT LAUDERDALE D	n the State of Flor it the obligations of registered agent and title FICERS AND DIR DD CT I J. STREET RAIL	rida. Such change was aut of, Section 607.0505, Florid le f applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp la Statutes. egistered 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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its reg D DIRECTOR Change Change Change Change Change	egistered istered RS IN 12 Addition
D       DELETE       6.1 TITLE       Change       Addlik         VAME       DUSHARM, JUDITH       62 NAME       63 STREET ADDRESS       63 STREET ADDRESS       63 STREET ADDRESS       64 CITY-ST-ZIP       64 CI	office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12	agistered agent, or both, in familiar with, and accep OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID	n the State of Flor it the obligations of registered agent and title FICERS AND DIR DD CT I J. STREET RAIL FL	rida. Such change was aut of, Section 607.0505, Florid le f applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its reg D DIRECTOR Change Change Change Change Change	egistered istered RS IN 12 Addition
CITY-ST-ZIP     DOSTNARM, JODITH     6.3 STREET ADDRESS     1757 S.W. CRANE CREEK CIRCLE     6.3 STREET ADDRESS     64 CITY-ST-ZIP     PALM CITY FL     1. I hereby 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     indicates and that my signature shall have the same legal effect as if made under path; that I am an	office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12	agistered agent, or both, in m familiar with, and accep OFI SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID 2905 SW GULF HAR	n the State of Flor it the obligations of registered agent and titl FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid le f applicable (NOTE: R RECTORS DELETE	<ul> <li>, the above-named horized by the corpla Statutes.</li> <li>egistered Agent signature</li> <li>13.</li> <li>1.1 TITLE</li> <li>1.2 NAME</li> <li>1.3 STREET ADDRESS</li> <li>1.4 CITY-ST-ZIP</li> <li>2.1 TITLE</li> <li>2.2 NAME</li> <li>2.3 STREET ADDRESS</li> <li>2.4 CITY-ST-ZIP</li> <li>3.1 TITLE</li> <li>3.2 NAME</li> <li>3.3 STREET ADDRESS</li> <li>3.4 CITY-ST-ZIP</li> <li>4.1 TITLE</li> <li>4.2 NAME</li> <li>4.3 STREET ADDRESS</li> <li>3.4 CITY-ST-ZIP</li> <li>4.1 TITLE</li> <li>4.2 NAME</li> <li>4.3 STREET ADDRESS</li> <li>4.4 CITY-ST-ZIP</li> <li>5.1 TITLE</li> <li>5.2 NAME</li> <li>5.3 STREET ADDRESS</li> </ul>	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its reg D DIRECTOR Change Change Change Change Change	egistered istered RS IN 12 Addition
CITY-ST-ZIP     PALM CITY FL     64 CITY-ST-ZIP     64 CITY-ST-ZIP     14. I hereby certify that the information cuppled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information induced are the same legal effect as if made under path; that I am an	office of re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12	Pagistered agent, or both, in m familiar with, and accep OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID 2905 SW GULF HARI PALM CITY FL 34990	n the State of Flor it the obligations of registered agent and titl FICERS AND DIR DD CT I J. STREET	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp a Statutes. egistered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its r Itment as reg	egistered istered RS IN 12 Addition
14. I hereby 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 indicates and that my signature shall have the same legal effect as if made under path; that I am an	office or re agent. I ar SIGNATURE 12. ITTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME STREET ADDRESS CITY-ST-ZIP TTLE AME	agistered agent, or both, in m familiar with, and accep OFF SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID 2905 SW GULF HARI PALM CITY FL 34990 D DUSHARM, JUDITH	n the State of Flor it the obligations of registered agent and titl FICERS AND DIR DD CT I J. STREET RAIL FL BOR LN	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp a Statutes. egistered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 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 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE 62 NAME	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its r Itment as reg	egistered istered RS IN 12 Addition Addition
indicated on this annual report or elemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path. Inall, am an	office or re agent. I ar SIGNATURE 12. TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE AME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in m familiar with, and accep OFF SD ARMELLINI, RICHARD 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID 2905 SW GULF HARI PALM CITY FL 349900 D DUSHARM, JUDITH 1757 S.W. CRANE C	n the State of Flor it the obligations of registered agent and titl FICERS AND DIR DD CT I J. STREET RAIL FL BOR LN	rida. Such change was aut of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS DELETE	, the above-named horized by the corp la Statutes. egistered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 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 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	required wh SD ARME 2453 WEST	en reinstating) ADDITIONS/CHANGES TO OF	purpose of opt the appoin	Changing its r Itment as reg	egistered istered RS IN 12 Addition Addition
officer or director of the corporation of the receiver or truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.	office or re agent. I ar SIGNATURE 12. TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	agistered agent, or both, in m familiar with, and accep OFF SD ARMELLINI, RICHARE 2671 MEADOW WOO WESTON FL 33332 T NICHOLASON, JOHN 1149 S.W. HOGAN S PORT ST. LUCIE FL PD ARMELLINI, WILLIAM 3023 SE RIVER TERF STUART FL 34996 D ARMELLINI, STEPHEN 6820 APPALOOSA TI FORT LAUDERDALE D ARMELLINI, DAVID 2905 SW GULF HARI PALM CITY FL 34990 D DUSHARM, JUDITH 1757 S.W. CRANE CI PALM CITY FL	n the State of Flor it the obligations of registered agent and tith FICERS AND DIR DD CT I J. TREET I J. TREET BOR LN RAIL FL BOR LN	rida. Such change was auti of, Section 607.0505, Florid le if applicable (NOTE: R RECTORS DELETE DELETE DELETE DELETE DELETE DELETE	<ul> <li>a bove-name borized by the corp a Statutes.</li> <li>egistered Agent signature</li> <li>13.</li> <li>1.1 TITLE</li> <li>1.2 NAME</li> <li>1.3 STREET ADDRESS</li> <li>1.4 CITY-ST-ZIP</li> <li>2.1 TITLE</li> <li>2.2 NAME</li> <li>2.3 STREET ADDRESS</li> <li>2.4 CITY-ST-ZIP</li> <li>3.1 TITLE</li> <li>3.2 NAME</li> <li>3.3 STREET ADDRESS</li> <li>3.4 CITY-ST-ZIP</li> <li>4.1 TITLE</li> <li>4.2 NAME</li> <li>4.3 STREET ADDRESS</li> <li>3.4 CITY-ST-ZIP</li> <li>4.1 TITLE</li> <li>4.2 NAME</li> <li>4.3 STREET ADDRESS</li> <li>3.4 CITY-ST-ZIP</li> <li>4.1 TITLE</li> <li>4.2 NAME</li> <li>4.3 STREET ADDRESS</li> <li>5.4 CITY-ST-ZIP</li> <li>5.1 TITLE</li> <li>5.2 NAME</li> <li>5.3 STREET ADDRESS</li> <li>5.4 CITY-ST-ZIP</li> <li>6.1 TITLE</li> <li>6.2 NAME</li> <li>6.3 STREET ADDRESS</li> <li>6.4 CITY-ST-ZIP</li> </ul>	required wh SD ARME 2453 WEST	tion 119.07(3)(i) Elorida Statutes	purpose of opt the appoint	Changing its r Itment as reg D DIRECTOR Change C C Change C C Change C C C C C C C C C C C C C C C C C C C	egistered istered RS IN 12 Addition Addition Addition