## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 26   | NTELETER ENTERPRISES, INC.   | 19                              | 996                                   |   | DIVISION OF CORPORATIONS                          |                              |                |   |   |                   |                                       |                              |
|--|--|---------------------------------|---------------------------------------|---|---|------------------------------|----------------|---|---|-------------------|---------------------------------------|------------------------------|
| ### PART OF SERVICE STAND   POWERUNE RO SUITE ### PART   POWERUNE RO   POWERUN | SUIT E ACAMY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY POMPANO BOH FL 3009  THE PAYON BOWER IN B D SUITE EARNY S |                                 |                                       | L69780  | (9)   |                              |                |   |   |                   |                                       |                              |
| ### Address of Current Registered Agent  STYLES, BRIAN J 217 TO MERINE RO SUITE #6A-MN  POWPAND BOTH IT 30089  ### ADDRESS   | Mailing Address   Mailing Ad   | '                               |                                       | RISES, INC.   |   |                              |                |   |   |                   |                                       |                              |
| ### Address of Current Registered Agent  STYLES, BRIAN J 217 TO MERINE RO SUITE #6A-MN  POWPAND BOTH IT 30089  ### ADDRESS   | Mailing Address   Mailing Ad   |                                 |                                       |   |   |                              |                |   |   |                   |                                       |                              |
| SUITE #6ANN POMPAND BOH R. 3069  **ROMPAND BO | SUITE #6AWN POMPANO BOH FL 30689  12. Under incorporated or Qualified Sa. Date of Leaf Report 10/08/1995  10 Canada Packet of Karimase 2. 2a. Making Addresses 4. FEI Number 50/02/1990  10 State 4, etc. 2. 2b. Subs. Apr. #, etc. 2b. Subs. Apr |                                 |                                       | Ma  | •   |                              |                |   | n identidet die briten imilit immet ist   | FE                | #1#10 #1#11 #1#F1 <b>#</b>            | 1011 01011 B1B11 H           |
| Dela Incorporated Pose of Elusiness   2a. Mailrog Address to   25  | Delicition Controlled   3a   | SUITE #6A-N                     | W                                     |   | SUITE #6A-NW                                      | -                            |                |   |   |                   |                                       |                              |
| South  | South   Sout   | FUMFARU D                       | OH FL 33009                           |   | POMPANO BOH PL                                    | 33009                        |                |   |   | За.               |                                       |                              |
| SURJE, AND PRINCE   SURJECT   SURJEC | Suite: Apt. #. dot.    Suite: Apt. #. dot.   | °rincipa! Piac∈                 | e of Business                         | F · · - 1   | Mailing Address                                   |                              |                |   |   |                   |                                       |                              |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   25   Country   27   Country   29   Country   29  | City & State    City & State   City & City & State   City & State   City & State   City & City | icite Apt. ≇, ∈                 | etc                                   | 27  | Suite, Apt. #, etc.                               |                              |                |   | 5. Certificate of Status Desired  |                   | \$8.75                                | Additional                   |
| Country   Zp   Country   Zp   Country   Zp   Sp   Sp   Sp   Sp   Sp   Sp   Sp  | Country Zp Country Zp Country  | Dity & State                    |                                       | <u> </u>  | City & State                                      |                              |                |   |   |                   | \$5.0                                 | O May Be                     |
| 9. Name and Address of Current Registered Agent  STYLES, BRIAN J 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069  Pursuant to the provisions of Sections 037,0502 and 607,1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am the statement agent agent to changing a state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose of changing its registered agent. I am the statement for the purpose agent of directors. I hereby accept the appointment as registered agent. I am the statement for the purpose agent of directors. I hereby accept the appointment as registered agent. I am the statement for the purpose agent a | 9. Name and Address of Current Registered Agent  STYLES, BRIAN J 2187 N POWERLINE RD SUITE #6AANW POMPANO BCH FL 33069  #4 City FL 85 Zip Code  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 digent, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am framework, end occuping the origination of Sections 607,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am framework the decorpt the originator of Sections 607,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am framework the decorpt the originator of Sections 607,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am framework the decorpt the originator of Sections 607,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am framework the decorpt the appointment as registered agent. I am framework the decorption of Sections 607,0506, Florida Statutes, the above-name register and namework and namework agent agent agent and namework agent a | <br>Ф                           | Cou                                   |   | 2ip   | Cou                          | ntry           | · · · · · · · · · · · · · · · · · · ·   | 8. This corporation has liability for i   |                   |                                       | ····                         |
| STYLES, BRIAN J 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069  #4 City FL 85 Zip Code  Previous for the provisions of Sections 607-0502 and 607-1508. Foreial Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. Such change was suthished by the corporation submits this statement for the purpose of changing its registered agent. I am exhibit and accept the obligations of, Section 807-0506, Fonds Statutes.  ACHURE  Spring to do preful week for great agent and this 4 spiketh.  DOTE Replaced Agent signature required exhibit more stated agent. I am exhibit more stated age | STYLES, BRIAN J 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069  #4 City FL 85 Zip Code  Prevaint to the provisions of Sections 607-0502 and 607-1508. Florida Statuties, the abbove-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of divectors. I hereby accept the appointment as registered agent. I am strate in the obligations of, Section 607-0506, Fonds Statuties.  ACLUEE  Spring to the orbital here of registered agent and accept the appointment as registered agent. I am strate in the obligations of, Section 607-0506, Fonds Statuties.  ACLUEE  Spring to the orbital here of registered agent and their aquitable.  POT: Popting synthemetical previous provisions and previous Agent synthemetical orbital registered agent. I am strategy accept the appointment as registered agent. I am strategy accept the ap |                                 |                                       |   | tered Agent                                       | 30                           |                |   |   |                   |                                       |                              |
| 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069  Prevaint to the provisions of Sections 607 0700 and 607 1568. Ferrital Statutes, the abovenance of corporation submits this statement for the purpose of changing its registered officered expent. or both in the Stone of Florida. Such changes was authorized by the corporation's board of decotors. Thereby accept the appointment are single-ord agent. I am a complete out of the corporation submits this statement for the purpose of changing its registered officered agent. I am a complete out of the corporation's board of decotors. Thereby accept the appointment agent. I am a complete out of the corporation of social properties of decotors. Thereby accept the appointment of registered officers of complete of decotors. Thereby accept the appointment of registered officers of complete of decotors. Thereby accept the appointment of registered officers of complete of decotors. Thereby accept the appointment of registered officers of complete of decotors. Thereby accept the appointment of registered officers of decotors. Thereby accept the appointment of registered officers of decotors. Thereby accept the appointment of registered officers of decotors. Thereby accept the appointment of registered officers of decotors. Thereby accept the appointment of registered officers of decotors. Thereby accept the appointment of registered officers of decotors. T | 2187 N POWERLINE RD SUITE #6A-NW POMPANO BCH FL 33069  Prevail to the provisions of Sections 607,000 and 607,1568. Fords Statutes, the above-named corporation submits this statement for the purpose of changing its registered dispersion of the provision of Section 607,000, Fonds Such change was authorised by the corporation's board of directors. Thereby accept the appointment as registered agent. I am a change with any of registered agent and the registered agent and the registered agent and the registered agent and the registered agent agen |                                 | y. Hallo dila ria                     | and an odd of the trought                               |   |                              | 81             | Name                                    | 10, Hallie and Addiess of New N   | agrate            | red Agent                             |                              |
| SUITE #6A-NW POMPANO BCH FL 33069  #4 City FL #5 Zip Code The solid to the previous of Sections 607.0507 and 607.1508. Florida Statuties, the above-harned corporation submits this statement for the purpose of changing its registered office registered agreement with, and accept the obligations of, Section 607.0505, Florida Statuties  ACURE  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  PST STYLES, BRIAN J.  12 LAKE EMERALD DR #108  OAKLAND PARK FL  DL DELETE  14 CHOP-ST-ZP  D DELETE  15 TITLE  16 Change Addition  Addition  14 CHARSS  15 ZINAME  35 SIREET ADDRESS  34 CTY-ST-ZP  D DELETE  14 TITLE  16 Change Addition  Addition  15 SIREET ADDRESS  34 CTY-ST-ZP  14 TITLE  15 TITLE  16 Change Addition  16 Change Addition  17 ZINAME  18 SIREET ADDRESS  34 CTY-ST-ZP  D DELETE  16 TITLE  17 Change Addition  18 ZINAME  43 SIREET ADDRESS  34 CTY-ST-ZP  DELETE  51 TITLE  16 Change Addition  18 ZINAME  43 SIREET ADDRESS  34 CTY-ST-ZP  DELETE  51 TITLE  16 Change Addition  18 ZINAME  43 SIREET ADDRESS  34 CTY-ST-ZP  18 CHANGESS  34 CTY-ST-ZP  18 CHANGESS  35 ZINAME  43 SIREET ADDRESS  35 ZINAME  45 ZINAME  45 SIREET ADDRESS  45 ZINAME  45 ZINAME  45 SIREET ADDRESS  45 ZINAME  | SUITE #6A-NW POMPANO BCH FL 33069  #4 City FL #5 Zip Code This statement to the purpose of changing its registered office registered expension, or a cloth in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office registered expension, or a cloth in the State of Florida. Such change was authorized by the corporation's board of decirios. Thereby accept the papointment as registered agent at am width, and accept the obligations of, Section 607.0505, Florida Statutios.  ### OFFICE HIS AND DIRP CIORS ### OFFICE HIS AND  |                                 |                                       |   |   |                              | 82             | Street Addr                             | ess (P.O. Box Number is Not Acceptab  | le)               |                                       |                              |
| POMPANO BCH FL 33069    details  | POMPANO BCH FL 33069    details  |                                 |                                       |   |   |                              | 83             | • |   |                   |                                       |                              |
| Tursuant to the provisions of Socilors 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offer registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am arrivale with, and accept the obligations of, Socilor 607.0506, Florida Statutes.  ATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  | Tursuant to the provisions of Socilors 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offer registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am arrivale with, and accept the obligations of, Socilor 607.0506, Florida Statutes.  ATURE    OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                                 |                                       | 69  |   |                              |                | Cat                                     |   |                   |                                       | - 01-                        |
| ACURES  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PST STYLES, BRIAN J. 112 LAKE EMERALD DR #108 OAKLAND PARK FL  D CHARGES OAKLAND PARK FL  D CHARGES OAKLAND PARK FL  DELETE  1 TITLE  1 TITLE 1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE  1 TITLE | ACTIVES A PARK FL.    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                                 |                                       |   |   |                              |                | •                                       |   |                   | FL                                    | •                            |
| STYLES, BRIAN J.   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP  | STYLES, BRIAN J.   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP  | ATURE SAM                       |                                       |   | 10RS  | 13.                          |                | signature required                      |   |                   | AND DIRECTO                           |                              |
| 112 LAKE EMERALD DR  | 112 LAKE EMERALD DR  |                                 |                                       | AN J.   | <u> П</u> ини                                     |                              |                |   |   |                   | Change                                | ☐ Addition                   |
| DELETE   DELETE   2 1 TITLE     Change   Addition  | DELETE   DELETE   2 1 TITLE     Change   Addition  | ADDRESS                         | 112 LAKE EN                           | MERALD DR #108  |   |                              |                | ADDRESS                                 |   |                   |                                       |                              |
| STYLES, BRIAN J.  112 LAKE EMERALD DR #108  OAKLAND PARK FL  DELETE  3 1 ITULE  4 Addition  ADDRESS  1-78*  DELETE  4 1 ITULE  4 1 ITULE  4 2 NAME  4 3 STREET ADDRESS  1-78*  ADDRESS  1-78*  DELETE  5 1 ITULE  5 1 ITULE  5 2 NAME  4 3 STREET ADDRESS  1-78*  ADDRESS  1-78*  ADDRESS  1-78*  DELETE  5 1 ITULE  5 3 SAME  5 3 STREET ADDRESS  1-78*  ADDRESS  1-7 | STYLES, BRIAN J.  112 LAKE EMERALD DR #108  OAKLAND PARK FL  DELETE  3 1 ITULE  4 Addition  ADDRESS  1-78*  DELETE  4 1 ITULE  4 1 ITULE  4 2 NAME  4 3 STREET ADDRESS  1-78*  ADDRESS  1-78*  DELETE  5 1 ITULE  5 1 ITULE  5 2 NAME  4 3 STREET ADDRESS  1-78*  ADDRESS  1-78*  ADDRESS  1-78*  DELETE  5 1 ITULE  5 3 SAME  5 3 STREET ADDRESS  1-78*  ADDRESS  1-7 | 7-78                            |                                       | NRK FL  | CJ DETELE   |                              |                | - ZIP                                   |   |                   | FT Change                             | - Addition                   |
| DELETE   | DELETE   24 CITY-ST-ZIP     Change   Addition   32 NAME     33 STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP     Change   Addition   Ad   |                                 | _                                     | AN J.   |   |                              |                |   |   |                   | [] change                             | ∐ Audilion                   |
| DELETE   3 1 TITLE   Change   Addition     32 NAME     33 STREEL ADDRESS     72P   DELETE   4 1 TITLE   Change   Addition     42 NAME     43 STREEL ADDRESS     44 CITY - ST - ZIP     DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   6 1 TITLE   Change   Addition     62 NAME     40 DELETE   Change   Addition     63 STREEL ADDRESS     64 CITY - ST - ZIP     Change   Addition     65 NAME   Change   Addition     66 NAME   Change   Addition     67 NAME   Change   Addition     68 NAME   Change   Addition     69 NAME   Change   Addition     69 NAME   Change   Addition     60 Nevely contribution supplied with this filling is voluntarily furnished and closes not qualify for the exemption stated in Section 119 02/(SWE) Florida Statutes   Further   | DELETE   3 1 TITLE   Change   Addition     32 NAME     33 STREEL ADDRESS     72P   DELETE   4 1 TITLE   Change   Addition     42 NAME     43 STREEL ADDRESS     44 CITY - ST - ZIP     DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   5 1 TITLE   Change   Addition     52 NAME     40 DELETE   6 1 TITLE   Change   Addition     62 NAME     40 DELETE   Change   Addition     63 STREEL ADDRESS     64 CITY - ST - ZIP     Change   Addition     65 NAME   Change   Addition     66 NAME   Change   Addition     67 NAME   Change   Addition     68 NAME   Change   Addition     69 NAME   Change   Addition     69 NAME   Change   Addition     60 Nevely contribution supplied with this filling is voluntarily furnished and closes not qualify for the exemption stated in Section 119 02/(SWE) Florida Statutes   Further   | ADDRESS                         |                                       |   |   | 2351                         | REET           | ADDRESS                                 |   |                   |                                       |                              |
| 32 NAME   33 STREEL ADDRESS   34 CHY-ST-ZIP  | 32 NAME   33 STREEL ADDRESS   34 CHY-ST-ZIP  | 1 - ZIF                         | UAKLAND PA                            | NK FL   | L_ DEFERE   |                              |                | - ZiP                                   |   |                   | Chance                                | □ Addition                   |
|  |  |                                 |                                       |   |   |                              |                | f                                       |   |                   | [_] Change                            |                              |
| ADDRESS ADDRESS A STREET ADDRESS A 4 CITY - ST - ZIP  DELETE 5 1 THLE 5 2 NAME ADDRESS ADDRESS 1 - ZIP DELETE 6 1 THLE Change Addition Change Addition ADDRESS F 3 STREET ADDRESS F 4 CITY - ST - ZIP  DELETE 6 1 THLE Change Addition Change Addition ADDRESS F 4 CITY - ST - ZIP ADDRESS F 5 STREET ADDR | ADDRESS ADDRESS A STREET ADDRESS A 4 CITY - ST - ZIP  DELETE 5 1 THLE 5 2 NAME ADDRESS ADDRESS 1 - ZIP DELETE 6 1 THLE Change Addition Change Addition ADDRESS F 3 STREET ADDRESS F 4 CITY - ST - ZIP  DELETE 6 1 THLE Change Addition Change Addition ADDRESS F 4 CITY - ST - ZIP ADDRESS F 5 STREET ADDR | ADDRESS                         |                                       |   |   | 3 3 S                        | IREEI          | address                                 |   |                   |                                       |                              |
| ADDRESS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 THLE 5.1 THLE Change Addition 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 1-ZIF DELETE 6.1 THLE Grange Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIF  ACCIDESS 6.4 CITY-ST-ZIF  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)(i). Florida Statutes, Lituriber.  | ADDRESS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  DELETE 5.1 THLE 5.1 THLE Change Addition 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 1-ZIF DELETE 6.1 THLE Grange Addition 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIF  ACCIDESS 6.4 CITY-ST-ZIF  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)(i). Florida Statutes, Lituriber.  | 1 - ZiF                         |                                       |   | E3 or cre   |                              |                | - ZiP                                   |   |                   |                                       |                              |
| ADDRESS  L-ZIF  A 4 CITY-ST-ZIF  DELETE  5 1 TITLE  Change Addition  52 NAME  53 STREET ADDRESS  1-ZIF  ACCRESS  6 1 TITLE  Change Addition  Change Addition  62 NAME  62 NAME  63 STREET ADDRESS  6-ZIF  ACCRESS  63 STREET ADDRESS  64 CITY-ST-ZIF  Change Addition  64 NAME  65 NAME  66 STREET ADDRESS  66 STREET ADDRESS  67 NAME  68 NAME  69 NAME  | ADDRESS  L-ZIF  A 4 CITY-ST-ZIF  DELETE  5 1 TITLE  Change Addition  52 NAME  53 STREET ADDRESS  1-ZIF  ACCRESS  6 1 TITLE  Change Addition  Change Addition  62 NAME  62 NAME  63 STREET ADDRESS  6-ZIF  ACCRESS  63 STREET ADDRESS  64 CITY-ST-ZIF  Change Addition  64 NAME  65 NAME  66 STREET ADDRESS  66 STREET ADDRESS  67 NAME  68 NAME  69 NAME  |                                 |                                       |   | T) DETEIR   |                              |                |   |   |                   | ☐ Change                              | Addition                     |
| 4 4 CITY - ST- ZIP  ADDRESS AD | 4 4 CITY - ST- ZIP  ADDRESS AD | ADDRÉSS                         |                                       |   |   |                              |                | ADDRESS                                 |   |                   |                                       |                              |
| ADDRESS 52 NAME  ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP  DELETE 6 1 TITLE Change Addition 62 NAME  ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP  Clo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 O7(3)(k) Florida Statutes. I further  | ADDRESS 52 NAME  ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP  DELETE 6 1 TITLE Change Addition 62 NAME  ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP  Clo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 O7(3)(k) Florida Statutes. I further  | 1 - 200                         |                                       |   |   | 4 4 CF                       | TY-ST          | - ZIP                                   |   |                   |                                       |                              |
| ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE Change Addition 62 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP 6 1 CITY - ZI | ADDRESS 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 5 1 TITLE Change Addition 62 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP 6 1 CITY - ZI |                                 |                                       |   | DELETE  | 5 1 1                        | TLE            |   |   |                   | ☐ Change                              | Addition                     |
| S 4 CITY - ST - ZIP  | S 4 CITY - ST - ZIP  |                                 |                                       |   |   |                              |                |   |   |                   |                                       |                              |
| ACCIDENS  ACCIDENS  1- Zif  do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k) Florida Statutes I further.   | ACCIDENS  ACCIDENS  1- Zif  do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k) Florida Statutes I further.   | 1                               |                                       |   |   |                              |                |   |   |                   |                                       |                              |
| ACCITIES  6 2 NAME  6 3 STREET ADDRESS  1- Zif  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.  | ACCITIES  6 2 NAME  6 3 STREET ADDRESS  1- Zif  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.  | 1 - 20                          | 0.0                                   |   | ☐ DELETE  |                              |                | - Z(P                                   |   |                   | ☐ Channe                              | Mddition                     |
| ACCHESS 6 3 STREET ADDRESS 6 4 CHY-ST-ZIP  Co 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)(a) Florida Statutes 1 further.   | ACCHESS 6 3 STREET ADDRESS 6 4 CHY-ST-ZIP  Co 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)(a) Florida Statutes 1 further.   | -                               |                                       |   | <u> </u>  |                              |                |   |   |                   | L. Onlinge                            |                              |
| do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes 1 further  | do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes 1 further  | ADDRESS                         |                                       |   |   |                              |                | ADDRESS                                 |   |                   |                                       |                              |
| 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 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   | 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 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 sate; that I am an officer or director of the corporation or the deciver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applied in Block 12 or Block 13.4 Chapter 6.07 of particular and property in a property in a property in Block 12 or Block 13.4 Chapter 6.07 of particular and property in Block 12 or Block 13.4 Chapter 6.07 of particular and property in Block 12 or Block 13.4 Chapter 6.07 of particular and property in Block 12 or Block 13.4 Chapter 6.07 or particular and property in Block 12 or Block 13.4 Chapter 6.07 or particular and property in Block 12 or Block 13.4 Chapter 6.07 or particular and property in Block 12 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 12.0 or Block 13.4 Chapter 6.07 or particular and property in Block 13.4 Chapter 6.07 or particular and  |                                 |                                       |   |   |                              |                |   |   |                   |                                       |                              |
|  | polity; that I am an officer or director of the corporator or the scelve of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 1 | do hereby c<br>certify that the | ertify that the information indicates | nation supplied with this<br>ated on this annual report | filing is voluntarily furn<br>or supplemental ann | ished and i<br>ual report is | does<br>s true | not qualify for                         | or the exemption stated in Section 119. te and that my signature shall have the | 07(3)(k<br>same l | ), Florida Statut<br>egal effect as i | tes. I further<br>made under |
|  |  | UTANÉ                           | KE:                                   | V-17/X  | ex-   |                              |                |   |   |                   |                                       |                              |

TINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #