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Apr 28 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |                   |         |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| <b>DOCUMENT # L74579 (8)</b><br>1. Corporation Name<br><b>PROPER PERSPECTIVES INC.</b>  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| Principal Place of Business<br><b>% SUSAN SCHWAB</b><br><b>5831 SOUTHWEST 52ND TERRACE</b><br><b>DAVIE FL 33314</b>   |                   |  | Mailing Address<br><b>% SUSAN SCHWAB</b><br><b>5831 SOUTHWEST 52ND TERRACE</b><br><b>DAVIE FL 33314-7405</b>  |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |                   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |   | 3. Date Incorporated or Qualified<br><b>05/15/1990</b><br>3a. Date of Last Report<br><b>05/01/1996</b><br>4. FEI Number<br><b>65-0182364</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 9. Name and Address of Current Registered Agent<br><b>SCHWAB, SUSAN</b><br><b>5831 SW 52ND TERRACE</b><br><b>DAVIE FL 33314</b>   |                   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 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 office or 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature typed or printed name of registered agent and title if applicable _____ DATE _____  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SCHWAB, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5831 SW 52ND TERR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SCHWAB, DORAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5831 SW 52ND TERR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAVIE FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |                   |  | TITLE   | D  | <input type="checkbox"/> DELETE | NAME | SCHWAB, SUSAN |  | STREET ADDRESS | 5831 SW 52ND TERR |  | CITY - ST - ZIP | DAVIE FL |  | TITLE | D | <input type="checkbox"/> DELETE | NAME | SCHWAB, DORAN |  | STREET ADDRESS | 5831 SW 52ND TERR |  | CITY - ST - ZIP | DAVIE FL |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">2.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">3.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">4.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">5.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">6.1 TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |  |  | 1.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME |  |  | 1.3 STREET ADDRESS |  |  | 1.4 CITY - ST - ZIP |  |  | 2.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME |  |  | 2.3 STREET ADDRESS |  |  | 2.4 CITY - ST - ZIP |  |  | 3.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME |  |  | 3.3 STREET ADDRESS |  |  | 3.4 CITY - ST - ZIP |  |  | 4.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |  |  | 4.3 STREET ADDRESS |  |  | 4.4 CITY - ST - ZIP |  |  | 5.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME |  |  | 5.3 STREET ADDRESS |  |  | 5.4 CITY - ST - ZIP |  |  | 6.1 TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |  |  | 6.3 STREET ADDRESS |  |  | 6.4 CITY - ST - ZIP |  |  |
| TITLE   | D                 | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  | SCHWAB, SUSAN     |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  | 5831 SW 52ND TERR |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   | DAVIE FL          |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| TITLE   | D                 | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  | SCHWAB, DORAN     |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  | 5831 SW 52ND TERR |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   | DAVIE FL          |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| TITLE   |                   | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| TITLE   |                   | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| TITLE   |                   | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| TITLE   |                   | <input type="checkbox"/> DELETE  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 1.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 1.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 1.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 1.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 2.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 2.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 2.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 2.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 3.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 3.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 3.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 3.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 4.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 4.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 4.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 4.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 5.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 5.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 5.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 5.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 6.1 TITLE   |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 6.2 NAME  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 6.3 STREET ADDRESS  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 6.4 CITY - ST - ZIP   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| 14. I do 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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.  |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |
| <b>SIGNATURE:</b> <i>Susan P. Schwab</i> <b>DAVIE</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                   |  |   |  |                                 |      |               |  |                |                   |  |                 |          |  |       |   |                                 |      |               |  |                |                   |  |                 |          |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |  |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |           |  |   |          |  |  |                    |  |  |                     |  |  |



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