FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94929

(1)

CARDIO-PULMONARY DIAGNOSTICS, INC.

FILED May 15 1998 8:00am Secretary of State



Suite, Apt. #, etc. 2 Solid Apt. #, etc. 2 Solid Apt. #, etc. 2 Solid Apt. #, etc. 2 City & Stato 2 City & Stato 3 City & Stato 4 City & Stato 2 2 2 3 Country 4 2 2 3 Country 4 2 2 3 Country 2 2 3 Country 4 2 2 3 Country 5 Name and Address of Current Registered Agent PEROEFIELD, DAVID S. 230 LOOKOUT PL. SUITE 200 MAITLAND FL. 32751 84 City Stato and Address of New Registered Agent 85 Name 86 City Stato and Address of New Registered Agent 87 Name and Address of New Registered Agent 87 Name and Address of New Registered Agent 88 City State and Address of New Registered Agent 88 City State and Address of New Registered Agent 89 Name and Address of New Registered Agent 80 Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number's Not Acceptable) 83 Street Address (P.O. Box Number's Not Acceptable) 84 City Street Address (P.O. Box Number's Not Acceptable) 85 Zity Code 86 City Street Address (P.O. Box Number's Not Acceptable) 86 City Street Address (P.O. Box Number's Not Acceptable) 87 Street Address of New Registered Agent 88 City Street Address (P.O. Box Number's Not Acceptable) 88 City Street Address (P.O. Box Number's Not Acceptable) 89 Zity Street Address (P.O. Box Number's Not Acceptable) 80 Zity Street Address (P.O. Box Number's Not Acceptable) 80 Zity Street Address (P.O. Box Number's Not Acceptable) 80 Zity Street Address (P.O. Box Number's Not Acceptable) 80 Zity Street Address (P.O. Box Number's Not Acceptable) 81 Zity Street Address (P.O. Box Number's Not Acceptable) 82 Zity Street Address (P.O. Box Number's Not Acceptable) 83 Zity Street Address (P.O. Box Numbe	Principal Place	of Business	Mailing Address						97977 91977		•
MATTLAND FL 32751 MATT		r PL		PL							
US 2. Prencipal Pince of Business 2. A. Milling Address 2. A. Milling Address 3. A. FERNAMON Prencipal Pince of Business 2. A. Milling Address 3. Control 2. Subs. Apt. 4, etc.		32751					DO NOT WRITE IN THIS SPACE				
2. Principal Page of Business 2. Making Address 3. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Suits Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate Of Certificat	. =	72 / 0 /									
Suffice Apt. 6, etc. Suffice Apt. 6, etc.							08/22/1990				
Suite April 4, etc. Suite April 4, etc.	2. Principal Pl	ace of Business	2a. Mailing Addr	ess			4. FEI Number			Applied Fo)r
City & State Country 20 City & State Country 21 22 22 23 30 Country 8. This corporation owes or tax paid the current pair interaction 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. State City City City City City City City City	21			26			59-3026290				~~
City & State City		#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired				al
Trust Fund Contribution			· · · · · · · · · · · · · · · · · · ·							<u></u>	
A S S S S S S S S S		}	<u></u> ⊢-₁ ′				, , ,	F-1)
PERCEPTIELD, DAVID S. 28 29 30 Personal Property Tax cite Juno 3.0 Text 20 PERCEPTIELD, DAVID S. 230 LOOKOUT PL SUTHE 200 B2 Street Address (P.O. Box Number is Not Acceptable)	23 7in	Country			number						
PIERCEFELD, DAVID S. 230 LOOKOUT PL. SUTIE 200 MATILAND FL 32751 82 STEET ADDRESS SECONDARY S. BANKET ADDRESS BANKET ADDRESS CITY ST. 29 TITLE DELETE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, h			,0110	y	, , , , , , , , , , , , , , , , , , ,	-			_ !
PIERCEFIELD, DAVID S. 230 LOOKOUT PI. SUTIE 200 MAITLAND FL 32751 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo FL 85 Zip Codo FL 85 Zip Codo FL 85 Zip Codo FL 86 Received agent, or host, in the State of Fords Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or host, in the State of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal, or host, in the State of Fords Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal, or host, in the State of Fords Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal to provide the appointment as registered signal to provide the appointment as registered signal to provide the appointment as registered agent. I have been accepted when readable readable readable readable when readable readab	[4]			30	Τ						
### 20 LOOKOUT PL SUTTE 200 MATILAND FL 32751 ### 2 Street Address (P.O. Box Number is Not Acceptable) ### 3 ### 4 City FL 85 Zip Code ### 4 Zip City	DE				81	Name					
SUTIE 200 MAITLAND FL 32751 83 84 City FL 85 Zip Code The pursuant to the provisions of Sections 607,0602 and 607,1508; ficride Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the oligibines of, Section 607,0505, ficride Statutes SIGNATURE Signature by the components of the purpose of changing its registered agent tam familiar with, and accept the oligibines of, Section 607,0505, ficride Statutes SIGNATURE Signature by the components of the purpose of changing its registered agent agent tam familiar with, and accept the oligibines of, Section 607,0505, ficride Statutes SIGNATURE The Coll KR3 IS AND DIRECTORS The DELETE 13 THE DELETE 13 THE DELETE 14 THE DELETE 24 THE 24 THE 24 THE 24 THE 25 NAME 32 SHEET ADDRESS CITY-S1-7P THE DELETE 31 THE DEL											
MATLAND FL 32751 83					82	2 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office or repatriced agent, or both in the State of Florida, Social change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and membra with, and accept the originations of Section 607,0505. Florida Statutos. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. AME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. AME					83						
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, floride Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Let middle statutes. I hereby accept the appointment as registered agent. Let middle statutes. I hereby accept the appointment as registered agent. Let middle statutes. I hereby accept the appointment as registered agent. Let middle statutes are submitted by the corporation by the research accept and the provision of the registered accept and the provision accept the corporation of the research by the submitted accept and report is true and accept as required by the submitted b	MIC	ITEMIO FE SEISI			L						
11. Pursuant to the provisions of Sections G97-0502 and G97-1506. Horidos Stetutos. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section G97-0505. Florida Statutos. Signature					84	City		FI	8 5 Zi	ip Code	
office or registered agent, or both, in the State of Fordita. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent lam familian with, and accept the orbigidators of received DVP SCO. Proided Statutos. SIGNATURE 12. OF FICE IS AND DIRECTORS. OF FICE IS AND DIRECTORS. DELTE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPS BRUMBAUGH, A. JAY 1316 BALDMIN DR 1318 BALDMIN DR	11. Pursuant t	o the provisions of Sections	: 607 0502 and 607 1508 Florid	ia Statutes, the	abov	L re-named ci	progration submits this statement for the	purpose of	changing	a its reaiste	ered
SIGNATURE Tale Description Descriptio	office or re	egistered agent, or both, in	the State of Florida, Such chan	ge was authoriz	ed b	y the corpo	ration's board of directors. I hereby acce	pt the app	ointment	as registere	ed
Signature, bard or period grant and the frequency of the prior age and age age age and age	-	птапіваї мін, апстассерс	inc obligations or, section our.	usus, Florida St	alule	5.					
12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BRUMBAUGH, A. JAY 12 MAME STREET ADDRESS CITY-ST-2P 1316 BALDWIN DR 13 STREET ADDRESS 14.0TY-ST-2P 14.0DRESS 14.0TY-ST-2P 14.0DRESS 14.0DRESS 14.0DRESS 14.0DRESS 14.0DRESS 14.0DRESS 14.0DRESS 14.0DRESS 15.0TY-ST-2P 15.0DRESS 15.0TY-ST-2P 15.0DRESS 15.0TY-ST-2P 15.0DRESS 15.0DRE	SIGNATURE .	Signature, lyped or printed name of n	ege tened aggest and title if applicable	(NOT) Register	red Ag	ont signature re	guired when roinstating)	DATE			
BRUMBAUGH, A. JAY 1316 BALDWIN DR CITY-ST-ZPP ORLANDO FL DELETE 14.01Y-ST-ZIP NAME STREET ADDRESS CITY-ST-ZPP CITY-ST-ZPP DELETE 2 TITLE NAME 2 STREET ADDRESS CITY-ST-ZPP DELETE 3 TITLE 3 TITLE 3 TITLE NAME 3 2 NAME 3 2 NAME 3 2 NAME 3 2 NAME 3 3 STREET ADDRESS CITY-ST-ZPP TITLE NAME 3 2 NAME 3 3 STREET ADDRESS CITY-ST-ZPP TITLE NAME 3 3 STREET ADDRESS CITY-ST-ZPP TITLE NAME 4 2 NAME 4 3 STREET ADDRESS CITY-ST-ZPP TITLE NAME 5 STREET ADDRESS CITY-ST-ZPP TITLE NAME 5 STREET	12.	OFFIC	ERS AND DIRECTORS	13	•		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12	
STREET ADDRESS CITY-ST-ZIP ORLANDO FL DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP NAME 34 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME 35 NAME 36 NAME 37 STREET ADDRESS CITY-ST-ZIP NAME 37 STREET ADDRESS CITY-ST-ZIP NAME 38 CITY-ST-ZIP NAME 38 STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	TITLE	DPS	☐ DE	LETE 1.1	TITLE				☐ Chang	je 🔲 Add	dition
CITY-S1-ZIP ORLANDO FL 14. DIFLETE	NAME	BRUMBAUGH, A. JAY	1	1.2	NAME						
TITLE DELETE 21 TITLE Change Addition NAME 22 NAME 23 STREET ADDRESS TITLE DELETE 31 TITLE Change Addition NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Change Addition NAME ASTREET ADDRESS ASTREET ADDRESS CITY-ST-ZIP ASTREET ADDRESS CITY-ST-ZIP ASTREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-Z	STREET ADDRESS			1.3	STREE	T ADDRESS					
NAME STREET ADDRESS CITY- ST-ZIP DELETE 31 TITLE DELETE 32 NAME 33 STREEL ADDRESS CITY- ST-ZIP TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 41 TITLE DELETE 41 TITLE AAME 4.2 STREET ADDRESS CITY- ST-ZIP TITLE ALCITY- ST-ZIP TITLE DELETE 5.1 TITLE	CITY-ST-ZIP	ORLANDO FL		1.4	CITY-S	ST - ZIP					
STREET ADDRESS CITY-ST-ZIP DELETE 3 THLE 3 THLE Change Addition NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE A3 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP TITLE AMME A4 CITY-ST-ZIP TITLE DELETE 51 THLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 THLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 THLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE 56 STREET ADDRESS CITY-ST-ZIP TITLE 57 STREET ADDRESS CITY-ST-ZIP TITLE 58 STREET ADDRESS CITY-ST-ZIP TITLE 59 STREET ADDRESS CITY-ST-ZIP TITLE 59 STREET ADDRESS CITY-ST-ZIP TITLE 50 STREET ADDRESS CITY-ST-ZIP TITLE 51 STREET	TITLE		DELETE 2.1		TITLE				☐ Chang	je 🔲 Ado	dition
2 4 CITY-ST-ZIP TITLE	NAME			2.2	NAME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition AMME ACTIY-ST-ZIP ACTIY-ST-ZIP ACTIY-ST-ZIP TITLE DELETE ALCTIY-ST-ZIP ACTIY-ST-ZIP ACTIY-ST-ZIP ACTIY-ST-ZIP ACTIY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AMME ACTIY-ST-ZIP TITLE Change Addition Addition Addition AMME ACTIY-ST-ZIP TITLE Change Addition Additi	STREET ADDRESS			2.3	STREE	1 ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE A3. STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition A4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE AAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE AAME 5.5 NAME 5.6 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.9 NAME 5.9 NAME 5.9 NAME 5.9 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.1 TITLE AAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.4 CITY-ST-ZIP TITLE AAME 5.5 NAME 5.6 CITY-ST-ZIP TITLE AAME 5.7 NAME 5.8 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.9 NAME 5	CITY-ST-ZIP				CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME A1 DELETE A1 DILLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 Clty-ST-ZIP TITLE DELETE A1 Clty-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME 54 CITY-ST-ZIP 55 CITY-ST-ZIP TITLE NAME 56 NAME 57 NAME 58 STREET ADDRESS CITY-ST-ZIP TALE NAME 58 STREET ADDRESS CITY-ST-ZIP TALE NAME 58 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 61 TITLE 61 TITLE 63 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 64 CITY-ST-ZIP TALE THE DELETE 65 NAME 65 NAME 66 NAME 66 NAME 67 NAME 68 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 68 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 69 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 61 TITLE 61 TITLE 61 TITLE 61 TITLE 62 NAME 63 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE 64 CITY-ST-ZIP TALE THE DELETE 65 STREET ADDRESS CITY-ST-ZIP TALE THE DELETE THE	TITLE		∐ DE	LETE 31	TITLE				☐ Chang	je 🔲 Add	dition
CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 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 trustree empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in	NAME [3.2	NAME						
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 THLE 5.1 THLE 5.1 THLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.1 THLE 6.1 THLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.5 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 componence for trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in	STREET ADDRESS			3.3	STREE	1 ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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	CITY-ST-ZIP				CITY-	ST-ZIP					
STREET ADDRESS CITY-ST-ZIP DELETE DELETE 5.1 THE Change Addition 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 HTLE 6.1 HTLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 6.5 NAME 6.6 STREET ADDRESS CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 LTLE 6.8 STREET ADDRESS CITY-ST-ZIP 6.9 NAME 6.9 NAME 6.0 NAME 6.1 HTLE 6.1 HTLE 6.1 HTLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP 6.7 CITY-ST-ZIP 6.8 STREET ADDRESS CITY-ST-ZIP 6.9 CITY-ST-Z	TITLE		Ĺ DE						∟ Chang	ie ∟ Add	aition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	NAME										
TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE 6.1 ITTLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 trust-to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP					ST-ZIP			T 05.		Albio -
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 ITTLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 amoral 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in			[_] DE						Chang	8 L_ 800	HUDD
CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 amount 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	NAME										
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS					1					
NAME STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 amoral report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP		T of			ST- ZIP	· · · · · · · · · · · · · · · · · · ·		Chann	a Adv	dition
STREET ADDRESS CITY-ST-ZIP 14. 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			L_						LI CHARD	.с АОО	ווטוונ
CITY-S1-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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											
14. Thereby 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											
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 eath; 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	CITY-ST-ZIP	artifu that the information of	ususling with this filling done not				in Section 119 07(3)(i) Florida Statutos	further of	rtify that t	the informs	tion
	indicatéd :	on this annual report or sup	plemental annual report is true	and accurate a	nd th	iat my signa	iture shall have the same legal effect as i	if made un	der oath;	that I am a	an
					tnis	report as re	equired by Chapter 607, Florida Statutes;	and that r	ny name a	appears in	