E LoC 25 SPULA NAPAUE VAC 3169 CORAL GABLES FL 3134 US 3. Date incorporation of business Jack Description 2a. Mailing Address Jack Description 4. FEI Number Jack Description State. Appl. F. State State. Appl. F. State 59-2501544 State. Appl. F. State 55-2501544 State. Appl. F. State 55-2501544 City A State City A State Ope. Locks J. F. J. 2a State. Appl. F. State Country Zip Country Zip Country Zip Country Zip Country Zip Zip Ope. Locks J. F. J. 2a Zip Zip Ope. Locks J. F. J. 2a Zip Zip Schrader, MCHAEL, F. 2a Zip Code File Number CORAL CABLES FL 33134 Zip Code Provision State of State of State Appl. Sta		NOW: FILING I PROFIT PORATION JAL REPORT 1999			IMENT OF STATE e Harris of State	FIL Apr 14, 19 Secretary 04-14-1999 9009	99 8:00 v of Sta) am 1 te
Incide Report of Business Malling Address VP Styp STREF C/D MCKEL F: SCHADER 25 SFULLA AFNUE CORAL QABLES FL 3134 DO NOT WRITE IN THIS SPACE Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 5. Certificate of Statis Depard 3. Date Incorported of Qualified 09/16/1985 Street Address of Current Registered Agent Street Address of Functional 200 Country 5. Device Observed Street Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Functional 201 3. Date Incorport Tac. SchrAbDER, MICHAEL F. 201 200 Country 8. This corporation over the registered Agent SchrAbDER, MICHAEL F. 201 Country 201 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 201 Country 201 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 202 Country 203 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 203 Country 204 Country 204 <th>Corporation</th> <th>n Name</th> <th></th> <th>NC.</th> <th></th> <th></th> <th>01011 01011 01011 0101</th> <th>1911 - 11911 - 1911</th>	Corporation	n Name		NC.			01011 01011 01011 0101	1911 - 1 1911 - 1 91 1
Incide Report of Business Malling Address VP Styp STREF C/D MCKEL F: SCHADER 25 SFULLA AFNUE CORAL QABLES FL 3134 DO NOT WRITE IN THIS SPACE Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 4. FEI Number Street Address of Business 2.1. Mailing Address 5. Certificate of Statis Depard 3. Date Incorported of Qualified 09/16/1985 Street Address of Current Registered Agent Street Address of Functional 200 Country 5. Device Observed Street Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of Functional 201 3. Date Incorport Tac. SchrAbDER, MICHAEL F. 201 200 Country 8. This corporation over the registered Agent SchrAbDER, MICHAEL F. 201 Country 201 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 201 Country 201 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 202 Country 203 Country 8. This country are Triangle over the registered Agent SchrAbDER, MICHAEL F. 203 Country 204 Country 204 <th></th> <th>· · _</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		· · _						
Pinotopi Place of Business 2a. Mailing Address 4. FEI Number Appended For Statile, App. 8, etc. 2a Suite, App. 8, etc. 55-2501544 Not Applicable Statile, App. 8, etc. 27 State, App. 8, etc. 5.000 May Be For Required For Required Of the Log (kg, p, F1, 2a) 20 Country 27 Country 8. The coparation owes the current year (Intargible Personal Property Tax. The State of Status Desired Apent Address of Status Desired Apent Address of New Registered Agent SCHRADER, MICHAEL F. 285 SEVILLA AVENUE CORAL GABLES FL 33134 28 State Address (P.O. Box Number is Not Acceptable) Esc 20 code SCHRADER, MICHAEL F. 285 SEVILLA AVENUE CORAL GABLES FL 33134 Est 2 State Address (P.O. Box Number is Not Acceptable) Est 20 code Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation state to the purpose of charging the registered agent, or one state of address to of FiceRS AND DirectORS IN 12 Est 20 code SNUTURE 20 Cole Number is Not Acceptable) Est 20 code State Address (P.O. Box Number is Not Acceptable) Est 20 code State Address (P.O. Box Number is Not Acceptable) State Address (P.O. Box Number is Not Acceptable) Est 20 code State Address (P.O. Box Number	IN 18380 ST	TREET	C/O 1 295 S CORA	MICHAEL F. SCHRADER SEVILLA AVENUE	3	DO NOT WRITE IN 3. Date Incorporated or Qualifed		400 đ
Target outside December 201 The Construction of Section 807 0502 and 607 1508. Florida Statutes. Sector 119, 027000.	Principal PI	ace of Business	2a. M	Address	to the local sector of the sec		Ap	lied For
27 City & State S. Certificate of Status Desired			26			<u>59-2501544</u>	Not	Applicable
City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country State and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent Street Address of P.O. Box Number is Not Acceptable) Street Address of Country Street Address Contregistered Addres Contry <li< td=""><td>Suite, Apt.</td><td>#, etc.</td><td></td><td>uite, Apt. #, etc.</td><td></td><td>5. Certifcate of Status Desired</td><td></td><td></td></li<>	Suite, Apt.	#, etc.		uite, Apt. #, etc.		5. Certifcate of Status Desired		
37.554/23 28 Personal Property Tax 1 Vec No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent SCHRADER, MICHAEL F. 205 SEVILLA AVENUE CORAL GABLES FL 33134 61 Name 10. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 9. Corporation Submits this statement for the purpose of changing its registered agent. I and familiar with, and accept the obligations of Section 607.0505, Florida Statutes, SNATURE Street Address (P.O. Box Number is Not Acceptable) 9. Marce and Address agent with at a statement for the purpose of changing its registered agent. I and familiar with, and accept the obligations of Section 607.0505, Florida Statutes, SNATURE Interestination of the purpose of changing its registered agent. I and familiar with, and accept the obligations of Section 607.0505, Florida Statutes, SNATURE DATE 9. December on of register and agent with at a statement of the opticar and agent with at a statement of the opticar agent with at a statement of the opticar agent with a statement for the purpose of change in Addres agent. I and familiar with, and accept the obligations of Section 607.0505, Florida Statutes, Statement Agent with a statement for the purpose of change in Addres agent. I and familiar with a statement for the statement for the statement for the purpose of change in Addres agent. I and familiar with a statement for the statement for the statement for the statement for the statement for	City & State	a a de comencia de la		City & State	- L-4V -	·		
10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHRADER, MICHAEL F. 295 SEVILA AVENUE CORAL GABLES FL 33134 1	•			·		-		⊡No
SCHRADER, MICHAEL F. 295 SEVILLA AVENUE CORAL GABLES FL 33134 B2 B2 Street Address (P.O. Box Number is Not Acceptable) B3 B3 B4 City B4 Diff B4 Diff B4 Diff B4 Diff B4 Diff B4 Diff <	33034						ered Agent	
Signature, typed or printed name of ingistend agent and the if specicules. (NTCE: Repeatered Agent signature) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 E PD DELETE 11 time Change Addition AKERMAN, FRANCIS E. 12 VAVE 13 street ADDRESS Addition 517 2P OPA LOCKA FL 13 street ADDRESS Addition E DELETE 21 time Change Addition Sistreet ADDRESS 33 street ADDRESS Street ADDRESS Addition Sistreet ADDRESS 33 street ADDRESS Street ADDRESS Addition Sistreet ADDRESS Street ADDRESS Street ADDRESS Street ADDRESS Sistreet ADDRESS Street ADDRESS Street ADDRESS Street ADDRESS					84 City		85 Zip C	Code
E PO DELETE 11TILE Change Addito AKERMAN, FRANCIS E. 121VAVE 13STREET ADDRESS 13STREET ADDRESS 44 OTY-ST-2P E Change Addito 13STREET ADDRESS 44 OTY-ST-2P E Change Addito 21TILE 21TILE 22NAVE 23STREET ADDRESS 44 OTY-ST-2P E Change Addito 23STREET ADDRESS 44 OTY-ST-2P E Change Addito 24 OTY-ST-2P E Change Addito 24 OTY-ST-2P E Change Addito 24 OTY-ST-2P E Change Addito 24 OTY-ST-2P E Change Addito 21 OPELETE 31 TITLE 21 ADDRESS 43 STREET ADDRESS 43 STREET ADDRESS 44 OTY-ST-2P E Change Addito 21 OPELETE 51 TITLE 21 OPELETE 51 TITLE 32 OPELETE 51 TITLE 33 OPECET 51 OPELETE 51 TITLE 51 OPELETE 51 TITL	Pursuant t office or re agent. I ar	enjetered agent or both in	the State of Florida	Such change was all	s, the above-named corr thorized by the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the	FL	registered
PARTING TO TO L. 13 STREET ADDRESS ISSOO N.W. 19TH AVE. 13 STREET ADDRESS ISSTREET ADDRESS 23 STREET ADDRESS ISST.2P IDELETE IE IDELETE INTIL INTIL INTIL INTIL <t< td=""><td>Pursuant t office or re agent. I ar GNATURE</td><td>egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of</td><td>the State of Florida. the obligations of, S registered agent and title if a</td><td>Such change was au ection 607.0505, Flori pplicable. (NOTE:</td><td>s, the above-named corp thorized by the corporati da Statutes.</td><td>ed when reinstating)</td><td>FL ise of changing its appointment as reg</td><td>registered gistered</td></t<>	Pursuant t office or re agent. I ar GNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of	the State of Florida. the obligations of, S registered agent and title if a	Such change was au ection 607.0505, Flori pplicable. (NOTE:	s, the above-named corp thorized by the corporati da Statutes.	ed when reinstating)	FL ise of changing its appointment as reg	registered gistered
P-ST-ZP OPA LOCKA FL 14 GTY-ST-ZP E	Pursuant t office or re agent. I ar GNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of r OFF	the State of Florida. the obligations of, S registered agent and title if a	Such change was au ection 607.0505, Flori pplicable. (NOTE: T TORS	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13.	ed when reinstating)	FL	registered gistered
E 21 NAME E 22 NAME 2.3 STREET ADDRESS	Pursuant t office or re agent. I ar GNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: T TORS	s, the above-named corporati thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 12 NAME	ed when reinstating)	FL	registered gistered RS IN 12
ST-2P 2.4 CITY-ST-ZP Change Additio E 31 TITLE 3.1 TITLE Additio EET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS -ST-2P 3.4 CITY-ST-ZP Change Additio E DELETE 4.1 TITLE Change Additio E DELETE 4.1 TITLE Change Additio E DELETE 4.1 TITLE Change Additio E 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP E 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP E DELETE 5.1 TITLE Change Additio E DELETE 5.1 TITLE Change Additio E S3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS .ST-ZIP DELETE 6.1 TITLE Change Additio E DELETE 6.1 TITLE Change Additio E DELETE 6.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS .ST-ZIP S	Pursuant t office or re agent. I ar SNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: T TORS	s, the above-named corporati thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	Second changing its appointment as reg	registered jistered RS IN 12
Image: Delete in the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. further certify that the information Image: Delete in Section 119.07(3)(i). Florida Statutes. further certify that the information	Pursuant t office or re agent. I ar SNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	Second changing its appointment as reg	registered jistered RS IN 12
ST-ZIP 3.3 STREET ADORESS ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE LET ADORESS 4.3 STREET ADORESS ST-ZIP 4.1 TITLE LET ADORESS 4.3 STREET ADORESS ST-ZIP 4.4 CITY-ST-ZIP LET ADORESS 5.1 TITLE ST-ZIP DELETE ST-ZIP 4.4 CITY-ST-ZIP E DELETE ST-ZIP Change Additic STREET ADORESS ST-ZIP Change DELETE S.1 TITLE ST-ZIP Change DELETE S.1 TITLE ST-ZIP STREET ADORESS ST-ZIP S.3 STREET ADORESS ST-ZIP GELETE DELETE Change ACITY-ST-ZIP Change EE ADORESS STREET ADORESS ST-ZIP GLETETE E Change GLETETE ST-ZIP	Pursuant t office or re agent. I ar SNATURE E ET ADDRESS ST-ZIP E EET ADDRESS	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signeture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	Second changing its appointment as reg	registered jistered RS IN 12
Image: DELETE Image: DELETE 4.1 TTLE Image: DeleTE Addition Image: DELETE 4.2 NAME 4.2 NAME Image: DeleTE Addition Image: Street ADDRESS 4.3 STREET ADDRESS Image: DeleTE Image: DeleTE <td>Pursuant t office or re agent. I ar GNATURE E E ST-ZIP E E E E ST-ZIP E E ST-ZIP E</td> <td>egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE</td> <td>the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.</td> <td>Such change was au ection 607.0505, Flori policable. (NOTE: TORS DELETE</td> <td>s, the above-named corr thorized by the corporati da Statutes. Registered Agent signeture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE</td> <td>ed when reinstating)</td> <td>FL Image: Second se</td> <td>RS IN 12</td>	Pursuant t office or re agent. I ar GNATURE E E ST-ZIP E E E E ST-ZIP E E ST-ZIP E	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori policable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signeture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	FL Image: Second se	RS IN 12
EET ADDRESS 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS ST-ZIP 44 CITY-ST-ZIP Image: Delete in the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. further certify that the information	Pursuant t office or re agent. I ar GNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori policable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	FL Image: Second se	RS IN 12
EFT ADDRESS 4.3 STREET ADDRESS .ST-ZIP	Pursuant t office or re agent. I ar SNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. agistered Agent signeture require 13. 1.1 TITLE 12 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	FL use of changing its appointment as regonation appointment as regonation Change Change Change	RS IN 12 Additio
E Change Addition E Change Addition E Addition E Addition E Addition E Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP E CADRESS E CADRESS E CADRESS 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	Pursuant t office or re agent. I ar SNATURE E E E ST-ZIP E E E E E E E E E E E E E E E E E E E	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	FL use of changing its appointment as regonation appointment as regonation Change Change Change	RS IN 12 Additio
E 52 NAME SET ADDRESS 53 STREET ADDRESS ST-ZIP 54 CITY-ST-ZIP E DELETE 61 TITLE Change 62 NAME 62 NAME 63 STREET ADDRESS ST-ZIP 64 CITY-ST-ZIP 1 berefue certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. further certify that the information	Pursuant t office or re agent. I ar SNATURE E ST ADDRESS ST-ZIP E ST-ZIP E ST-ZIP	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori pplicable. (NOTE: TORS DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signeture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)	FL use of changing its appointment as regonation appointment as regonation Change Change Change	RS IN 12 Additio
ST-ZIP 54 CITY-ST-ZIP E DELETE 6.1 TITLE E 6.2 NAME ETADDRESS 6.3 STREET ADDRESS -ST-ZIP 6.4 CITY-ST-ZIP L 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	Pursuant t office or re agent. I ar SNATURE E ST ADDRESS ST-ZIP E E E ST-ZIP E E ST-ZIP E E ST-ZIP	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori TORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	FL use of changing its appointment as regulated in the second secon	RS IN 12 Additio
E 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS 64 CTTY-ST-ZIP 57-ZIP 1 bereby 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	Pursuant t office or re agent. I ar SNATURE ETADDRESS ST-ZIP EETADDRESS ST-ZIP EETADDRESS ST-ZIP EETADDRESS ST-ZIP	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori TORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	FL use of changing its appointment as regulated in the second secon	RS IN 12 Additio
EET ADDRESS -ST-ZIP L berefux certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, further certify that the information	Pursuant t office or re agent. I ar SNATURE E EETADDRESS -ST-ZIP E EETADDRESS -ST-ZIP E EETADDRESS -ST-ZIP E E E ETADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	Such change was au ection 607.0505, Flori TORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12 NAME 1.3 STREET ADORESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	FL see of changing its appointment as reg ITE RS AND DIRECTO Change	RS IN 12 Additio
- 31-21F	Pursuant t office or re agent. I ar SNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	. Such change was au ection 607.0505, Flori TORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signeture require 13. 11.1 TITLE 12.NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	FL see of changing its appointment as reg ITE RS AND DIRECTO Change	RS IN 12 Additio
A DESEMBLE OF A DESCRIPTION OF A DESCRIP	Pursuant t office or re agent. I ar SNATURE E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E EETADDRESS ST-ZIP E E	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF PD AKERMAN, FRANCIS 18900 N.W. 19TH AVE	the State of Florida. the obligations of, S registered agent and title if a ICERS AND DIREC E.	. Such change was au ection 607.0505, Flori TORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signeture require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ed when reinstating)	FL see of changing its appointment as reg ITE RS AND DIRECTO Change	RS IN 12 Additio

_

-