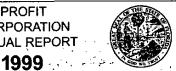
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # M51976 RTIFIED GROUP, INC					Alfi A(Ali A)Ali A(Ali Ali	((† 8 18)(818); 188)
	o the contract of						
Principal Place		Mailing Address				Olif Oleti Oloti oteti oli	iii \${\$\$ Bibii iBB{
7750 PINES BLA		5205 WHITEHORESE RD.					
PEMBROKE PINES FL 33024		KNOXVILLE TN 37919			IN THE SPACE		
US		US			DO NOT WRITE	IN THIS SPACE	
			•		3. Date Incorporated or Qualifed		Į.
0 D: : 1 D	A Durlings	To Mailing Address			05/13/1987 4. FEI Number		Applied For
, ·	ace of Business	2a. Mailing Address			59-2804914	⊢	Not Applicable
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite Apt # etc				\$8.7	5 Additional
22 27		⊢ '''			5. Certifcate of Status Desired	1 .	Required
City & State	 3	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current	t year Intangible	
24	25	29 30)		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Agent	
			81	Name			
ALLEY, ROBERT E.			82	Street A	Address (P.O. Box Number is Not Acceptable	e)	•
8001 S.W. 36TH ST.							
DAVI	E FL 33328		83				
			84	City		85 Z	ip Code
				1			
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea by	tne corpo	corporation submits this statement for the puration's board of directors. I hereby accept to	rpose of changing he appointment as	registered
SIGNATURE						DATE	}
	Signature, typed or printed name of registered ager	nt and trile if applicable. (NOTE: Re	gistered Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	PD	□ DELETE	1.1 TITLE	Т	ADDITIONOS OF WINDLE TO GET A	Chang	
NAME	ALLEY, ROBERT E.		1.2 NAME		-		1
STREET ADDRESS	5205 WHITEHORSE ROAD	· · · · · · · · · · · · · · · · · · ·		T ADDRESS			
			1.4 CITY-S				
CITY-ST-ZIP	SD .	☐ DELETE	2.1 TITLE	11-2,11	t-material	☐ Chang	ge 🗀 Addition
NAME	ALLEY, CHERIE C.		2.2 NAME				1
STREET ADDRESS	5205 WHITEHORSE ROAD			TADDRESS			
}	KNOXVILLE TN 37919		2. 4 CITY-5	\			1
CITY-ST-ZIP			3.1 TITLE	51-24		☐ Chan	ge 🔲 Addition
NAME			3.2 NAME				
i				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP		~ .	3.4. CITY-5		And the second second second second		
TITLE		☐ DELETE	4.1 TITLE		22.22.00	Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE	1		. Chan	ge Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP			
TITLE		□ DELETE	6.1 TITLE			Chan	ge Addition
NAME		-	6.2 NAME				ţ
STREET ADDRESS			6.3 STREE	TADDRESS			ļ

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JOU!RED INTED NAME OF SIGNING OFFISER OR DIRECTOR

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90011 014 ***150.00