SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69733 (7) 1. Corporation Name DENTAL IMPLANT DIAGNOSTIC & TREATMENT CENTER OF FLORIDA, P.A.

Country

Principal Place of Business Mailing Address

1515 TAMIAMI TRAIL
SUITE 3
VENICE FL 34292

Mailing Address

1515 TAMIAMI TRAIL
SUITE 3
VENICE FL 34292

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

FILED Aug 26 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

3. Date Incorporated or Qualified

02/26/1988

59-2023388

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□Ño

Not Applicable

01/22/1996

Yes

497-1585

CHAMPION, DAVID M. SUITE 3 1515 TAMIAMI TRAIL VENICE FL 34292 11. Pursuant to the provisions of Sections 807 0562 and 907 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. Thereby accept the purpose of changing its registered by the corporation's board of discloss. Thereby accept the purpose of changing its registered by the corporation's board of discloss. Thereby accept the appointment as registered by the corporation's board of discloss. The corporation's board of discloss. Thereby accept the corporation's board of discloss. 12. Internation to the provisions of corporation's board accept the corporation's board of discloss. The purpose of changing it	9. Name and Address of Current Hegistered Agent 10. Name and Address of New Hegistered Agent							
15.15 TAMAMI TRAIL VENICE FL 34292 14. City FL 35 Z p Code 15. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida Such change was submirzed by the corporation's board of directors. I hereby accept the appointment as registered agent in the state of Florida Such change was submirzed by the corporation's board of directors. I hereby accept the appointment as registered agent in the state of Florida Statutos. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. WINE CHAMPION, DAVID M. 15 STRET ADDRESS OITY-ST-2P TITLE OCHAMPION, DAVID M. 15 STRET ADDRESS OITY-ST-2P TITLE OCHAMPION, DAVID M. 15 STRET ADDRESS OITY-ST-2P TITLE OCHAMPION, DAVID M. 15 STRET ADDRESS OITY-ST-2P TITLE ORLETE 2 STRET ADDRESS OITY-ST-2P TITLE ORLETE 3 STRET ADDRESS OITY-ST-2P TITLE ORLETE 3 STRET ADDRESS OITY-ST-2P TITLE ORLETE 5 STR				81	81 Name			
VENICE FL 34292 83	1515 TAMIAMI TRAIL			82	Street	-		
11. Pursuant to the provisions of Soctions 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, 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, 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, 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, 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, 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, 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, or both in the process of the proce								
11. Pursuant to the provisions of Soctions 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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent to mitigate and provided agent to the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered depending to the corporation's board of directors. I hereby accept the appointment as registered depending to the corporation's board of directors. I hereby accept the appointment as registered depending to the corporation's board of directors. I hereby accept the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered before the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered before a public and the appointment as registered before the corporation's board of directors. I hereby accept the appointment as registered by a public accept the depending the appointment as registered by a public accept the appointment as registered by a public accept the corporation's board of directors. I hereby accept the appointment as registered by a public accept the corporation's board of directors. I hereby accept the appointment as registered by a public accept the corporation's board of directors. I hereby accept the appointment as registered by a public accept the c	VENICE FL 34292			83				
11. Pursuant to the provisions of Soctions 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 in the purpose of the appointment as registered agent in the purpose of the appointment as registered agent agent in the purpose of the appointment as registered agent				84	City	85 Zip Code		
office or registered agent, or both, in the State of Floridas Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the passes very and accept the obligations of Socion 607.0505, Florida Statute. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL UHAME 1517 TAMIAMI TRAIL, #3 VENICE FL UHAME 1518 TAM								
T2. OFFICERS AND DIRECTORS TIME NAME STREET ADDRESS OTIV-ST-2IP TIME STREET ADDRESS OTIV-ST-2IP TIME NAME STREET ADDRESS OTIV-ST-2IP TIME STREET ADDRESS OTIV-ST-2IP STREET ADDRESS OTIV-ST-2IP TIME STREET ADDRESS OTIV-ST-2IP TIME STREET ADDRESS OTIV-ST-2IP STREET ADDRES	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 (applies with, and accept the obligations of, Section 607.0505, Florida Statutes.							
TILE PST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE CHAMPION, DAVID M. 12 MME 13 SIRECT ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME 13 SIRECT ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME 13 SIRECT ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME 13 SIRECT ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME 13 SIRECT ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MME ADDITIONS/CHANGES ADDITIONS/CHANGES	SIGNATURE IT ASSAULT TO THE STATE OF THE STA							
TITLE CHAMPION, DAVID M. 1515 TAMIAMI TRAIL, #3 VENICE FL 11 (DIV-ST-2P) TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 11 (DIV-ST-2P) TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 12 ITILE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 13 STREET ADDRESS CITY-ST-2P TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 13 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 14 CITY-ST-2P TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 1516 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 VENICE FL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMI TRAIL, #3 15 TITLE CHAMPION, DAVID M. 15 TAMIAMIC TRAIL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMIC TRAIL 15 TITLE CHAMPION, DAVID M. 15 TAMIAMIC	12.				int signaturi		— _₹	
STREET ADDRESS OCHY-ST-ZP VENICE FL AMA CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP TITLE MAME STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP OCH AMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP ACTIV-ST-ZP STREET ADDRESS OCHY-ST-ZP STREET ADDR								
STREET ADDRESS OCHY-ST-ZP VENICE FL AMA CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP CHAMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP TITLE MAME STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP OCH AMPION, DAVID M. STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP STREET ADDRESS OCHY-ST-ZP ACTIV-ST-ZP STREET ADDRESS OCHY-ST-ZP STREET ADDR	NAME	CHAMPION, DAVID M.					7	
TITLE DELETE 2:11ITLE 2:1MAE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 3:1 MAE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 3:1 MEE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4:1 MAE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4:1 MEE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4:1 MEE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4:1 MEE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 5:1 MEE STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6:1 MEE S		1515 TAMIAMI TRAIL, #3		1.3 STREET ADDRESS			}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.1 STREET ADDRESS CITY-ST-ZIP TITLE ANAME 4.2 STREET ADDRESS CITY-ST-ZIP TITLE ANAME 4.2 STREET ADDRESS CITY-ST-ZIP TITLE ANAME 5. STREET ADDRESS CITY-ST-ZIP TITLE ANAME 5. STREET ADDRESS CITY-ST-ZIP TITLE 6. STREET ADDRESS CITY-ST-ZIP TITLE 7. STREET ADDRESS CITY-ST-ZIP TITLE 8. STREET ADDRESS CITY-ST-ZIP TITLE 8	CITY-ST-ZIP	VENICE FL		1.4 CiTY-S	T-ZIP		۶	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	TITLE			2.1 TITLE		. Change Add	dition \	
CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ADDRESS	NAME			2.2 NAME				
TITLE	STREET ADDRESS			2.3 STREET ADDRESS		A		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS	CITY-ST-ZIP	VENICE FL			31 - ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 NAME STREET ADDRESS CITY-ST-ZIP TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP TITLE BASE ADDRESS CITY-ST-ZIP TITLE BASE ADDRESS CITY-ST-ZIP DELETE BASE ADDRESS CITY-ST-ZIP TITLE BASE ADDRESS CITY-ST-ZIP BASE ADDRESS CITY-ST-ZIP BASE ADDRESS CITY-ST-ZIP BASE ADDRESS CITY-ST-ZIP AMME BASE ADDRESS CITY-ST-ZIP BASE ADDRES	TITLE		DELETE	3.1 TITLE		☐ Change ☐ Add	dition	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 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 Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition Addit	NAME			3.2 NAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 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 6.1 TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP 1.1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information lodicated 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 an an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	STREET ADDRESS			3.3 STREET	address			
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Addition CHANGE Addition Addition CHANGE FOR ADDRESS CITY-ST-ZIP TITLE CHANGE 6.4 CITY-ST-ZIP 1.4 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 logal effect as if made under coath; 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 expenses in Plote 12 or P								
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TO BELETE 6.4 CITY-ST-ZIP 1.4 I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(1), 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 logal 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	TITLE	☐ DELETE				Change Add	dition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS 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	· ·							
TITLE DELETE 5.1 TITLE Change Addition	STREET ADDRESS	\$ (ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 6.2 NAME STREET ADDRESS 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	$\overline{}$							
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition 6.2 NAME STREET ADDRESS 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			[_] DELETE			Li Change Li Add	Jition	
CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 5.3 STREET ADDRESS 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							ľ	
TITLE DELETE 6.1 TITLE 6.2 NAME							1	
NAME STREET ADDRESS 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		☐ nci ctc				Change	dition	
STREET ADDRESS 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				•		Change Add	JUION	
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 specifically in the production of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					ADbbros			
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 applied 12 or 19 legal 13 the trustee in Place 13 the trustee in Place 13 the trustee in Place 14 the production of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name		1						
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	14. I do hereby certify that the information supplied with this filing does not qualify for t					stated in Section 119.07(3)(i). Florida Statutes, I further certify that the		
appears in block 12 or block 12 or block 12 or arranged, or arranged with an address.	; tha!							

Country

30