ANNUAL REPORT 1997  Sondary Base Drussen of Composition Security of State Securetary of Securetary	PROFIT	V: FILING FEE	AFTER	MAY 1 IS			May 1	FIL 2 19		-	)0an
TREASURE COAST CONSTRUCTION SERVICES, INC.         Open Proceed of Boorwass       Maining Address         Income Concerss Avenue       Intel Address Avenue         If Proceed of Boorwass       Intel Address Avenue         If Proceed Of Boorwass Avenue       Intel Address Avenue	ANNUAL REPO			Secreta	ary of Stat	0					
Date of Business     Making Addeess       track pack Point CoxeRes A NetWe west PALM BEACH FL 38074000     3. Data Incompany for an analysis of the pack Plance Pl											
	ncipal Place of Business		-					186 TURI 1963 U	I III III IIII IIIIIIIIII	III UIDII UILII	U FU H. LUUK
						ł					
								Qualified			eport
under, April # etc.       SUIDE April #, etc.       S. Consticute of Status Desired       \$6.75 Additional         27       City & State       Election Campaign Francing       S5.00 May Be         70       28       Country       8. This corporation has fability for Intrapible tax unders in 190 Country       8. This corporation has fability for Intrapible tax unders in 190 Country         8. Name and Address of Current Registered Agent       81       Name       Added to Fees         1800 N. CONRESS AVE       191       Name       10. Name and Address of New Registered Agent         1800 N. CONRESS AVE       191       Name       10. Name and Address of New Registered Agent         1800 N. CONRESS AVE       191       Name       10. Name         1800 N. CONRESS AVE       191       Name       10. Name         192       Streit Address (P.O. Box Number Is Not Acceptable)       10. Name         193       Streit Address (P.O. Box Number Is Not Acceptable)       10. Name         194       Count under annot applie of address and the property and the registered address (P.O. Box Number Is Not Acceptable)       10. Name         194       Streit Address (P.O. Box Number Is Not Acceptable)       10. Name         195       Streit Address (P.O. Box Number Is Not Acceptable)       10. Name         194       Count under annot applied addres address ad	Principal Place of Busin	ess	1	ling Address			4. FEI Number			Ap	
aty & State       27       City & State       City & State       Sta	Suite, Apt. #, etc.	<u></u>	Suit	e, Apt. #, etc.				esired		\$8.75 /	Additional
Image: country     Image: country     The E-orgonation has lability for integrible tox under a 199.032, Fordad Statutes     Addet to Fees     199.032, Fordad Statutes     Image: country	City & State			& State							
28       78       Non-         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         BRION, JACQUES       10. Name and Address of New Registered Agent         188 on CONRESS AVE       91         WEST PALM BEACH FL 3301       92         189       180         180       CONRESS AVE         WEST PALM BEACH FL 3301       91         180       180         180       Sections 607.0502 and 607.1508. Forda Statutes, the above named corporation submits its statement for the purpose of charging its registered agent i purpose data states, be explored agent address of Constructions boot for the state of prince for metal acceleration of the State of Prince School charge was address address of address of Constructions boot for the state of prince for metal acceleration of the state of prince for metal accel	<b>Z</b> ip	Country			Cou	intry			<u> </u>	Added 1	o Fees
BRION, JACOUES 1860 N CONGRESS AVE WEST PALM BEACH FL 33401     61     Name       63     64     City     FL     65       64     City     FL     65     Zip Code       65     City     FL     65     Zip Code       64     City     FL     65     Zip Code       65     City     FL     65     Zip Code       66     City     FL     65     Zip Code       67     Colladors     Statutes     Number is Not Acceptable     Statutes       68     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       68     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       69     City     FL     Street Address (P.O. Box Number is Not Acceptable)       60     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)       70     Colladors     Street Address Street Address (P.O. Box Number is Not Acceptable)     ONTE       70     Colladors     Street Address Street Address (P.O. Box Number is Not Acceptable)     ONTE       710     Colladors     Street Address Street Address (P.O. Box Number is Not Acceptable)     ONTE       710     OFFICERS AND DIPECTORS     DELETE     11 Intri     Dist				Agent	30	<u> </u>	Florida Statutes		Yes [	] No	
WEST PALM BEACH FL 33401 <ul> <li></li></ul>	BRION, JACQU	IES				81 Name					
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 agoint, or both, in the State of blog could be the corporation's band of directors. I hereby accept the obligations of, Section 607 0506, Florida Statutes, the above named corporation's band of directors. I hereby accept the obligations of, Section 607 0506, Florida Statutes, the above named corporation's band of directors. I hereby accept the obligations of, Section 607 0506, Florida Statutes. NATURE      The test of the provisions of section 607 0506, Florida Statutes, the above named corporation's test registered agoint, or both, in the State of bulk section 607 0506, Florida Statutes. NATURE      The test of the provisions of section 607 0506, Florida Statutes, the above named corporation's test registered agoint, or both, and accept the obligations of, Section 607 0506, Florida Statutes, therefore on the annual test of upstrome ageint and the provision and the information section for the purpose of the approximate and the purpose of the obligation of the provision and the purpose of the purpo						82 Street Add	dress (P.O. Box Number is Not	Acceptable	e)		
Pursuant to the provisions of Sections 607,0502 and 607,1508 Florida Statutes, the above named corporation submits this statement for the purpose of cherologing its registered agent, and names with and accept the object of the corporation's board of directors. I hereby accept the exponentials registered agent, and names with and accept the object of 05050, Florida Statutes. Natures are interviewed when the tank of the object the object of 05050, Florida Statutes. Natures are interviewed when the tank of the object the object of 05050, Florida Statutes. Natures are interviewed when the tank of the object the object of 05050, Florida Statutes. Natures are interviewed when the tank of the object						83	·····				
Dursumer to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation's board of directore. I hereby accept the appointment as registered agont, or the interstate of Endinas, Such change was autoinized by the corporation's board of directore. I hereby accept the appointment as registered agont, or their statutes.         NATURE       Spector, type to printed name of equiptication of Directores. I hereby accept the appointment as registered agont, or the corporation's board of directore. I hereby accept the appointment as registered agont. I am familiar with, and accept the obligations of, Secton 607 0505, Florida Statutes.         NATURE       OFFICERS AND DIRECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         PO       DRION, JACQUES       13 STRET ADDESS         18 AGON CONGRESS AVE       13 STRET ADDESS         18 AGON CONGRESS AVE       13 STRET ADDESS         18 AGON CONGRESS AVE       23 STRET ADDESS         18 AGON CONGRESS AVE       33 STRET ADDESS         18 AGONESS       33 STRET ADD										es Zin (	Code
BRION, JACQUES 1860 N CONGRESS AVE W PALM BEACH FL       12 WWE 13 STREET ADDRESS 14 GITV-ST-2P         I DELETE       21 WILE 2 WWAE 2 STREET ADDRESS 2 STREET ADDRESS 2 STREET ADDRESS 2 4 GITV-ST-2P         I A CONSTS       2 STREET ADDRESS 2 A GITV-ST-2P         I A CONSTS       2 STREET ADDRESS 2 A GITV-ST-2P         I A CONSTS       2 STREET ADDRESS 3 STREET ADDRE	Pursuant to the provisi office or registered ag	ons of Sections 607.05 ont, or both, in the State	02 and 607.15 e of Florida, S	508. Florida Statu	ites, the a	bove-named co	poration submits this statement ation's board of directors. I here	nt for the pu	roose of	changing it	s registered
SI: 20°       W PALM BEACH FL       1 GITV-SI: 20°         I GITV-SI: 20°       0 DELETE       21 HTLE       0 Change       Additio         22 WME       23 STREET ADORESS       23 STREET ADORESS       33 STREET ADORESS         SI: 20°       0 DELETE       31 HTLE       0 Change       Additio         11 ACORESS       33 STREET ADORESS       33 STREET ADORESS       33 STREET ADORESS         SI: 20°       0 DELETE       41 HTLE       0 Change       Additio         SI: 20°       0 DELETE       41 HTLE       0 Change       Additio         SI: 20°       0 DELETE       41 HTLE       0 Change       Additio         SI: 20°       0 DELETE       41 HTLE       0 Change       Additio         SI: 20°       0 DELETE       41 HTLE       0 Change       Additio         SI: 20°       0 DELETE       51 HTLE       0 Change       Additio         SI: 20°       0 DELETE       51 STREET ADORESS       53 STREET ADORESS       53 STREET ADORESS         SI: 20°       0 DELETE       51 STREET ADORESS       53 STREET ADORESS       53 STREET ADORESS         SI: 20°       0 DELETE       51 STREET ADORESS       53 STREET ADORESS       53 STREET ADORESS         SI: 20°       0 DELETE	office or registered ag agent. Lans familiar wi GNATURE <u>Signature, typed</u>	ont, or both, in the State th, and accept the oblig or printed name of registered ag	e of Florida. S gations of, Sec gent and tille if appl	uch change was ction 607.0505, F licable (NO	authorize Iorida Sta DTE Registere 13.	bove-named co d by the corpora tutes. d Agent signature req	ation's board of directors. I her	eby accept	Irpose of the app	changing it ointment as DIRECTOR	s registered registered S IN 12
	office or registered ag agont. Lars familiar wi SNATURE Bignature, typed F PD BRION, J	crit, or both, in the Statt th, and accept the oblig or printed name of registered as OPFICERS AN	e of Florida. S gations of, Sec gent and tille if appl	uch change was ction 607.0505, F licable (NO	authorize Iorida Sta DTE Registere 13. 1.1 T	bove-named co d by the corport tutes. d Agent signature req	ation's board of directors. I her	eby accept	Irpose of the app	changing it ointment as DIRECTOR	s registered registered
ET ADDRESS 23 STREET ADDRESS 24 CITY-S1-2IP Change AddRio S1-2IP 24 CITY-S1-2IP 24 CITY-S1-2IP 24 CITY-S1-2IP 24 CITY-S1-2IP 25 25 25 25 25 25 25 25 25 25 25 25 25	office or registered ag agont. Lars familiar wi SNATURE Signature, hped F F Re Let ADDRESS	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	uch change was ction 607.0505, F licable (NO	authorize Iorida Sta DTE Registere 13. 1.1 T 1.2 N 1.3 S	bove-named co d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS	ation's board of directors. I her	eby accept	Irpose of the app	changing it ointment as DIRECTOR	s registered registered S IN 12
S1: 2P       2.4 CITY-S1-2P         II ACORESS       33 SIREET ADDRESS         S1: 2P       34 CITY-S1-2P         II ACORESS       33 SIREET ADDRESS         S1: 2P       34 CITY-S1-2P         II ACORESS       43 STREET ADDRESS         S1: 2P       44 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       44 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       44 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS       53 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS       63 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS       63 STREET ADDRESS         S1: 2P       54 CITY-S1-2P         II ACORESS	office or registered ag agont. Lars familiar wi SNATURE Bignature, typed F PD BRION, J 1860 N C	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	uch change was clion 607.0505, F licable (NO 15	authorize Iorida Sta III Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C	bove-named co d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	changing it pintment as DIRECTOR	s registered registered S IN 12
II ACORESS       32 NWE         SI ACTIVE       33 STREET ADDRESS         SI - 2/P       34 CITV - ST - 2/P         II ADDRESS       43 STREET ADDRESS         SI - 2/P       44 CITV - ST - 2/P         II ADDRESS       43 STREET ADDRESS         SI - 2/P       44 CITV - ST - 2/P         II ADDRESS       43 STREET ADDRESS         SI - 2/P       44 CITV - ST - 2/P         II ADDRESS       53 STREET ADDRESS         SI - 2/P       54 CITV - ST - 2/P         II ADDRESS       53 STREET ADDRESS         SI - 2/P       54 CITV - ST - 2/P         II ADDRESS       53 STREET ADDRESS         SI - 2/P       54 CITV - ST - 2/P         II ADDRESS       53 STREET ADDRESS         SI - 2/P       54 CITV - ST - 2/P         II ADDRESS       53 STREET ADDRESS         SI - 2/P       54 CITV - ST - 2/P         II DELETE       61 TITLE         62 NAME       63 STREET ADDRESS         SI - 2/P       61 TITLE         II do heretry certify that the information supplied with this filing does not qualify for the exemption stated in Se	office or registered ag agont. Lars familiar wi SNATURE Bigmature, typed BRION, J BBRION, J 1860 N C V PALM E E	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	uch change was clion 607.0505, F licable (NO 15	authorize Iorida Sta DTE Registere 13, 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	bove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREEY ADDRESS ITY-ST-ZIP TLE AME	ation's board of directors. I her	eby accept	Irpose of the app	changing it pintment as DIRECTOR	s registered registered S IN 12
S1-2IP       34 CITY-ST-ZIP         IDELETE       41 TITLE         4 CITY-ST-ZIP         4 ADDRESS         43 STREET ADDRESS         43 STREET ADDRESS         43 CITY-ST-ZIP         44 CITY-ST-ZIP         44 CITY-ST-ZIP         10 DELETE         51 ZIP         11 ADDRESS         53 STREET ADDRESS         54 CITY-ST-ZIP         12 ADDRESS         54 CITY-ST-ZIP         13 A CITY-ST-ZIP         14 ADDRESS         54 CITY-ST-ZIP         15 A CITY-ST-ZIP         16 ADDRESS         51 ZIP         17 ADDRESS         51 ZIP         16 ADDRESS         51 ZIP         17 ADDRESS         51 ZIP         16 ADDRESS         51 ZIP         17 ADDRESS         51 ZIP         17 ADDRESS         51 ZIP         1 DELETE         61 TITLE         62 NAME         63 STREET ADDRESS         51 ZIP         1 do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily that the information	office or registered ag agent. Lam familiar wi iNATURE E ELAODRESS -ST-ZIP ST-ZIP	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO S DELETE	authorize  lorida Sta TE Registers 13. 1.1 T 12 N 13S 14 C 2.1 T 22 N 2.3 S 2.4 C	Dove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREEY ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	Changing it pintment as DIRECTOR Change	s registered registered S IN 12
	office or registered ag agont. Lars familiar wi siNATURE El ADDRESS -ST-2IP El FADDRESS -ST-2IP	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO S DELETE	authorize  lorida Sta TE Registers 13. 1.1 T 12 N 13S 14C 2.1 T 22 N 2.3 S 2.4 G 3.1 T	bove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE	ation's board of directors. I her	eby accept	Irpose of the app	Changing it pintment as DIRECTOR Change	s registered registered S IN 12
ET ADDRESS       43 STREET ADDRESS         S1: 2/P       44 CITY - S1 - ZIP         DELETE       5.1 TITLE         DELETE       5.1 TITLE         S2 NAME       53 STREET ADDRESS         S1: 2/P       54 CITY - S1 - ZIP         DELETE       5.1 TITLE         DELETE       5.3 STREET ADDRESS         S1: 2/P       54 CITY - S1 - ZIP         DELETE       6.1 TITLE         DELETE       6.1 TITLE         DELETE       6.1 TITLE         S4 CITY - S1 - ZIP         DELETE       6.1 TITLE         Change       Addition         6.2 NAME         6.3 STREET ADDRESS         S1 - ZIP       6.4 CITY - S1 - ZIP         I do heretry 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 is true and execute this required by Chapter 607, Florida Statutes, and that my name	office or registered ag agont. Lars familiar wi SNATURE Egnature, typed BRION, J 1860 N C W PALM E E E E E E E E E E E E E E E E E E E	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO S DELETE	authorize  lorida Sta TE Registere 13. 1.1 T 12 N 13 S 14 G 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S	Dove-named cod d by the corpora- tutes. d Agent signature reg TILE AME TREET ADDRESS TTY-ST-ZIP TILE AME TREET ADDRESS TTY-ST-ZIP TILE AME TREET ADDRESS	ation's board of directors. I her	eby accept	Irpose of the app	Changing it pintment as DIRECTOR Change	s registered registered S IN 12
S1: 2iP       44 CITY-S1: ZIP         IDELETE       5.1 THTLE         IDELETE       5.4 CITY-ST-ZIP         IDELETE       6.1 THTLE         IDELETE       6.3 STREET ADDRESS         S1-ZIP       6.4 CITY-ST-ZIP         Ideoheretry 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 report is true and exource and that my signature shall have the same legal effect as if made under oath; the larm an officer or director of the corporation or the receiver or trustee emptions report is required by Chapter 607, Florida Statutes, and that my name	office or registered ag agont. Lars familiar wi SNATURE F F Re EETADDRESS (-S1-2)P BRION, J 1860 N C W PALM	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F lizable (NO 1S DELETE DELETE	authorize  lorida Sta TE Registere 13. 1.1 T 12 N 13 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	Dove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	Changing it controent as DIRECTOR Change	s registered registered S IN 12
52 NAME         51 ADDRESS         S1 - 2IP         DELETE         6.1 TITLE         DELETE         6.2 NAME         6.3 STREET ADDRESS         S1 - 2IP         DELETE         6.3 STREET ADDRESS         S1 - 2IP         Change         Addition         6.2 NAME         6.3 STREET ADDRESS         S1 - 2IP         I do hereitly 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; th         1 do hereitly certify that the information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	office or registered ag agont. Lars familiar wi SNATURE Egenture, typed BRION, J BRION, J BRI	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F lizable (NO 1S DELETE DELETE	authorize  lorida Sta TE Registere 13. 1.1 T 12 N 13 S 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 32 N 33 S 34 C 4.1 T 4.2 P	Dove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	Changing it controent as DIRECTOR Change	s registered registered S IN 12 Addition
IT ADDRESS S1-7/P 54 CITY-ST-7/P 54 CITY-ST-7/P 54 CITY-ST-7/P 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-7/P 1 do hereity 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; th 1 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	office or registered ag agont. Lars familiar wi SNATURE Egnature, typed BRION, J BRION, J 1860 N C W PALM E E E E E E E E E E E E E E E E E E E	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F II:abie (NO 13 DELETE DELETE	authorize  orida Sta 10rida Sta 113, 1.1 T 12 N 13 S 14 C 2.1 T 22 N 2.4 C 3.1 T 32 N 3.3 S 3.4 C 4.1 T 4.2 P	Dove-named cod d by the corpora- tutes. d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TLE TREET ADDRESS	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition
DELETE	office or registered ag agont. Lars familiar wi SNATURE Egenature, typed BRION, J BRION, J BR	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F II:abie (NO 13 DELETE DELETE	authorize  orida Sta TE Registere 13, 1.1 T 12 N 13 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.3 S 4.4 C 5.1 T	Dove-named cod d by the corpora- tutes. d Agent signature req d Agent signature req TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition
62 NAME       62 NAME         63 STREET ADDRESS       63 STREET ADDRESS         51 - 2iP       64 CITY - ST - 2iP         1 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; the lam 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	office or registered ag agent. Lam familiar wi INATURE PD BRION, J BRION, J	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F II:abie (NO 13 DELETE DELETE	authorize  orida Sta 10rida Sta 11, 1 12N 13S 14C 21T 22N 2.4C 3.1T 32N 33S 34C 4.1T 4.3S 4.4C 5.1T 52N	Dove-named cod d by the corpora- tutes. d Agent signature req d Agent signature req title AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TLE TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change	s registered registered S IN 12 Addition
S1-2IP 1 do hereby certily 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; the 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	office or registered ag agont. Lars familiar wi sNATURE EPPD EBRION, J ECACORESS -ST-2IP EE ELADDRESS -ST-2IP E E ELADDRESS -ST-2IP E E ELADDRESS -ST-2IP E E	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO 13 DELETE DELETE DELETE DELETE	authorize  orida Sta 107E Registere 13, 11T 12N 13S 14C 21T 22N 22N 24C 31T 32N 33S 34C 41T 43S 44C 51T 52N 53S 54C	Dove-named cod d by the corpora- tutes. d Agent eignenine req d Ag	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Addition
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; the 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	office or registered ag agent. Lars familiar wi iNATURE EPPD EBRION, J EFACORESS -ST-ZIP EELADDRESS -ST-ZIP EELADDRESS -ST-ZIP EELADDRESS -ST-ZIP EELADDRESS -ST-ZIP EELADDRESS -ST-ZIP	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO 13 DELETE DELETE DELETE DELETE	authorize  orida Sta TE Registere 13, 1.1 T 12 N 13 S 14 G 2.1 T 2.2 N 2.2 N 2.2 N 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S 3.4 G 4.1 T 4.2 S 5.4 C 6.1 T	Dove-named cod d by the corpora- tutes. d Agent signeture req d Agent signeture req d Agent signeture req d Agent signeture req d Agent signeture trees address ity-st-zip tue ame trees address ity-st-zip tue tue trees address ity-st-zip tue tue ame trees address ity-st-zip tue tue ame	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Addition Addition
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	office or registered ag agent. Lam familiar wi NATURE EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP EFADDRESS ST-2IP	ont, or both, in the State th, and accept the oblig or printed name of registered as OPFICERS AN ACQUES CONGRESS AVE	e of Florida. S gations of, Sec gent and tille if appl	Uch change was clion 607.0505, F licable (NO 13 DELETE DELETE DELETE DELETE	authorize [lorida Sta TE Registere 13, 1,1,1 12 N 13 S 14 C 2,11 22 N 23 S 2,44 3,11 32 N 33 S 34 C 4,11 4,21 4,35 5,4C 6,17 6,28 5,40 6,3 S	Dove-named cod d by the corpora- tutes. d Agent signesure req TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE ITREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Irpose of the app	changing it changing it change DIRECTOR Change Change Change Change Change Change Change	s registered registered S IN 12 Addition Addition
	office or registered ag agont 1 am familiar wi NATURE EI ADDRESS ET ADDRESS ST-2IP E ET ADDRESS -ST-2IP E EI ADDRESS -ST-2IP E	crit, or both, in the State th, and accept the oblig OFFICERS AN ACQUES CONGRESS AVE BEACH FL	e of Florida. S gations of, Sec yen: and tille if appl ND DIRECTOF	Uch change was Slion 607.0505, F II:abie (NO IS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	authorize [lorida Sta TE Registere 13. 1.1 T 12 N 13 S 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 3.4 C 4.1 T 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 S 5.4 C 6.1 T 5.2 N 5.2 S 5.4 C 6.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.3 S 6.4 C 6.1 T 6.1	d Agent eigneture req d by the corpora- tutes. d Agent eigneture req TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	ation's board of directors. I her	eby accept	Incose of the appropriate the	changing it changing it pintment as  DIRECTOR Change	s registered registered S IN 12 Addition Addition Addition Addition