DOCUMENT # N46709 (4) SUNDANCE MUSEUM OF AVIATION. INC. Image: Standard	ANNU	NPROFIT PORATION AL REPORT	s s	DEPARTMEN andra B. Mor Secretary of S DN OF CORPO	tham itate				
SUNDANCE MUSEUM OF AVIATION, INC.	OCUN	AENT # N4670)9 (4	1)		-			
And Barres & Maring Address & Maring Address & September 20102/1992 Process Packet De Port Ricket R. Sees Port Ricket R. Sees Port Ricket R. Sees Process Packet Agent Port Ricket R. Sees Process Packet Agent Port Ricket R. Sees Process Packet Agent Port Ricket R. Sees Packet Agent Packet A	•		on, inc.	•			10 1011 D(011 D)	FI DIDH FIDH D	
Nome: PORT RICHEY FL 34688 Principal Piece of Business 24. Making Aldress 36. Data Incorporated or Dualitiest 38. Data of Last Flagort 01/02/1992 20/02/1992 State. Apt. #, etc. 2 27. 20. Country 28. 29. 29. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 10.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 20. 20.00/17 </th <th>incipal Place</th> <th>of Business</th> <th>Mailing Address</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	incipal Place	of Business	Mailing Address						
Ot/02/1992 O2/02/1992 O2/02/1995 Principal Place of Business 2a Maining Addrinsm 4 FE Humber Mort Applicable Sole, Apt. F, etc. 20 Sole, Apt. A, etc. 5 Cartification Category Financry These Analysis Cdy & State Cdy & State 5 Cartification Category Financry SS.00 May Be Address Zip Country 2p Country S.00 May Be Address These Finance SS.00 May Be Address Zip Country 2p Country E. This cooperation Sale May For Internet Not Not S. Hame and Address of Current Registered Agent 10 Name and Address of Now Registered Agent 10 Name and Address of Now Registered Agent POTT RICHEY FL 346 City Etc. The Statement for the spontered Agent address of Now Registered Agent Registered accel from Statement for the spontered Agent address of Now Registered Agent address of Now Registered Agent address of Country address address of Country Registered Agent address address of Country Registered Agent address address of Country Registered Agent address address address address address address of Country Registered Agent addr									
Principal matrix 95-3639345 Noti Application Suite, Act. #, etc. 21 Suite, Act. #, etc. 25 Control Control Status Destrict 38.75 Additional Trace Required Cry & State Cry & State 6 Electron Company Financing 35.000 May Be Zry Country Zp Country 2 State 10 Name and Address of Country 8 This corporation take leaking from Company Trace Registered Agent 9 Name and Address of Countery Registered Agent 10 Name and Address of Notice Status Destrict Vice Implication take the Status of Implication take State States PORT RICHEY FL 34688 28 Strong Address of Notice States Strong Control to States Strong Control t						01/02/1992		02/02/19	95
Product State Processor Processor State State Processor State State Processor State State Processor State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat	Principal Pla	ice of Business		56				N	ot Applicable
Image: second	Suite, Apt. #	ŧ, etc.		etc.		5. Certificate of Status Desired	×.		
Image Image <th< td=""><td>City & State</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	City & State								
HACHEAN, SALEH BI Name GS39 HACHEAD R Street Address (PD. Box Number is Not Acceptable) B3 B4 City EL B3 B4 City B3 Zp Code B4 City B3 Zp Code B5 Sector 15, 500, Florida Statutes, the above-named corporation scalenits this statement for the approach agent at the statement low the application agent at the statement l	Zip				Country	Florida Statutes	Ves C] No	199.032,
HACHEM, SALEH SSS HACHEM DR PORT RICHEY FL 34668 H		9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New	Registered	Agent	
Tamilar with, and accept the obligations of, Section 617.0503, Fiorida Statutes. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS Tamilar with, and accept the obligations of periods are of replaced are of									
Z. OF NOLEND AND DIRECTORS 10 TILE 11 TILE 10 TILE ITE PTD 0 DELETE 11 TILE 10 Addition INSERT ADDRESS 6939 HACHEM DR 13 STRET ADDRESS 14 CITY-ST-2P PORT RICHEY FL 14 CITY-ST-2P 14 CITY-ST-2P 14 CITY-ST-2P NAME HACHEM, LAURICE 21 NITLE 21 NITLE INSET ADDRESS 90 RT RICHEY FL 14 CITY-ST-2P INSET ADDRESS 90 RT RICHEY FL 14 CITY-ST-2P INSET ADDRESS 23 STREET ADDRESS 14 CITY-ST-2P PORT RICHEY FL 24 CITY-ST-2P 14 CITY-ST-2P PORT RICHEY FL 0 DELETE 31 TITLE INSET ADDRESS 90 RT RICHEY FL 0 Change Addition INSET ADDRESS 90 RT RICHEY FL 0 Change Addition INSET ADDRESS 90 RT RICHEY FL 0 DELETE 11 TILE 0 Change Addition ITY-ST-2P 0 DELETE 31 TITLE 0 DELETE 0 Change Addition ITY-ST-2P 0 DELETE 31 TITLE 0 DELETE 0 Change Addition ITY-ST-2P 0 DELETE 11 TITLE<	1. Pursuant to	o the provisions of Sections 617.050	02 and 617,1508, Florida	Statutes, the	above-pamed corpor	ration submits this statement for the p	urpose of ch	anoing its re	oistered offic
HACHEM, SALEH 12 MAKE ITV-SI-2P PORT RICHEY FL VD DELETE VD DELETE VD DELETE VD DELETE VD DELETE VD DELETE VT-SI-2P Of hange PORT RICHEY FL Id City-SI-2P VD DELETE VS.SI-2P ORT RICHEY FL VD DELETE VS-SI-2P ORT RICHEY FL VS-SI-2P ORT RICHEY FL VS-SI-2P IDELETE VS-SI-2P IDELETE VS-SI-2P IDELETE VS-SI-2P IDELETE VS-SI-2P IDELETE <td< th=""><th>or registere familiar wit IGNATURE</th><th>ed agent, or both, in the State of Fic h, and accept the obligations of, Se</th><th>orida. Such change was a oction 617.0503, Florida S</th><th>authorized by f Statutes.</th><th>above-named corpor he corporation's boa</th><th>and of directors. I hereby accept the ap</th><th>urpose of ch pointment a</th><th>anging its re s registered a</th><th>egistered offic agent. I am</th></td<>	or registere familiar wit IGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change was a oction 617.0503, Florida S	authorized by f Statutes.	above-named corpor he corporation's boa	and of directors. I hereby accept the ap	urpose of ch pointment a	anging its re s registered a	egistered offic agent. I am
TY-SI-2P PORT RICHEY FL 14 CITY-ST-2P TLE VD DELETE 21 THLE AWE HACHEM, LAURICE 22 NAME FREET ADDRESS 6939 HACHEM DR 23 STREET ADDRESS FIV-SI-2P PORT RICHEY FL 24 CITY-ST-2P PORT RICHEY FL 24 CITY-ST-2P	or registere familiar wit IGNATURE _ 2.	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A	rida. Such change was a ction 617.0503, Florida S ent and itile if applicable. ND DIRECTORS	NOTE: Regis	above-named corpo he corporation's boa stered Agent signature require 13.	and of directors. I hereby accept the ap	urpose of ch pointment a	anging its resistered a	egistered offic agent. I am
TLE VD □DELETE 21 TIFLE □Change Addition Additi	or registere familiar wit IGNATURE _ 2. TLE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A PTD	rida. Such change was a ction 617.0503, Florida S ent and itile if applicable. ND DIRECTORS	INOTE: Regis	above-named corpor he corporation's boa stered Agent signature require 13. 1.1 TITLE	and of directors. I hereby accept the ap	urpose of ch pointment a	anging its resistered a	egistered offic agent. I am
MAC HACHEM, LAURICE 22 NAME REET ADDRESS 6939 HACHEM DR 23 STREET ADDRESS PORT RICHEY FL 24 CITY-ST-2IP TLE SD DELETE NME HANCOCK, THOMAS M. 32 NAME B848 HACHEM DR #237 33 STREET ADDRESS PORT RICHEY FL 34 DTY-ST-ZIP ITY-ST-ZIP DELETE AME 42 NAME ITY-ST-ZIP 44 CITY-ST-ZIP ITY-ST-ZIP Change Addition 53 STREET ADDRESS ITY-ST-ZIP	or registere familiar wit IGNATURE _ 2. 7LE IME REET ADDRESS	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or printed name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR	rida. Such change was a ction 617.0503, Florida S ent and itile if applicable. ND DIRECTORS	INOTE: Regis	above-named corpor he corporation's boa stered Agent signature require 13. 1.1 TIFLE 12 NAME 1.3 STREET ADDRESS	and of directors. I hereby accept the ap	urpose of ch pointment a	anging its resistered a	egistered offic agent. I am
SD DELETE 31 TITLE Change Addition IMME HANCOCK, THOMAS M. 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS REET ADDRESS 6848 MACHEM DR #237 33 STREET ADDRESS 34 CITY-ST-ZIP Change Addition YS-T-ZIP PORT RICHEY FL 34 CITY-ST-ZIP Change Addition ITREE DELETE 41 TITLE Change Addition ITY-ST-ZIP ODELETE 41 TITLE Change Addition ITY-ST-ZIP ODELETE 41 TITLE Change Addition ITY-ST-ZIP ODELETE 41 TITLE Change Addition ITY-ST-ZIP 44 CITY-ST-ZIP	or registere familiar wit GNATURE _ 2. LE ME REET ADDRESS TY-ST-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pinted name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL	rida. Such change was a ction 617.0503, Florida S ent and life if appleable. ND DIRECTORS	INOTE: Pege	above-named corpor he corporation's boa tened Agent signature require 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO Change	egistered offic agent. I am
International and the information surplied with this filing is voluntable furnished and does not builty for the exemption stated in Section 119.07(30b). Florida Statutes. I further	or register familiar wit GNATURE 2. LLE 	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pinted name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE	rida. Such change was a ction 617.0503, Florida S ent and life if appleable. ND DIRECTORS	INDITE: Registration	above-named corpor he corporation's boa stened 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	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO Change	egistered offic agent. I am RS IN 12
ITY-ST-ZIP 90RT RICHEY FL 34. CiTY-ST-ZIP ITLE DELETE 41 TiTLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP ITT ITY-ST-ZIP 0	or register familiar wit KGNATURE 2. TILE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or peried name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL	rida. Such change was a ction 617.0503, Florida S en and life if applicable. ND DIRECTORS	INOTE: Registration	above-named corpor he corporation's boa stend 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 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRECTO Change Change	egistered offic agent. I am RS IN 12 Addition
ITLE DELETE 41 TITLE Change Addition AME 4 2 NAME 4 2 NAME 4 3 STREET ADDRESS ITY - ST-ZIP TILE 6 1 TITLE 6 1 TITLE 6 1 Change Addition AME 52 NAME 53 STREET ADDRESS 1TY - ST-ZIP TILE 61 TITLE	or register familiar wit KGNATURE 2. TILE AME IREET ADDRESS TY-SI-ZIP TLE AME IREET ADDRESS ITY-SI-ZIP TLE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pircled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD	rida. Such change was a ction 617.0503, Florida S en and life if applicable. ND DIRECTORS	INDITE: Registration of the second se	above-named corpor he corporation's boar itered Agent signature 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	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRECTO Change Change	egistered offic agent. I am RS IN 12
AME 4 2 NAME TREET ADDRESS 43 STREET ADDRESS 44 CITY - ST - ZIP TLE 10 DELETE 51 TITLE 10 Change Addition AME 52 NAME TREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP TTLE 10 DELETE 61 TITLE 10 Change Addition TTLE 10 DELETE 61 TITLE 10 Change Addition TTLE 61 TITLE 61 TITLE 10 Change Addition Addition 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP TREET ADDRESS 64 CITY - ST - ZIP TREET ADDRESS 64 CITY - ST - ZIP 44 CITY - ST - ZIP 54 CITY - ST - ZIP 55 CITY - ST - ZIP 56 CITY - ST - ZIP 56 CITY - ST - ZIP 57 CITY - ST	or register familiar wit IGNATURE 2. 7LE IME IRET ADDRESS TY-SI-ZIP TLE IREET ADDRESS TY-SI-ZIP TLE IREET ADDRESS TY-SI-ZIP TLE AME	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S en and life if applicable. IND DIRECTORS	INTE FEE	above-named corpor he corporation's boar 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	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRECTO Change Change	egistered offic agent. I am RS IN 12 Addition
A4 CITY - ST - ZIP TLE DELETE 5.1 TITLE Change Addition AME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS ITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition ITLE DELETE 6.4 CITY - ST - ZIP Change Addition ITLE DELETE 6.1 TITLE Change Addition AME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS Addition ITLE DELETE 6.1 TITLE Change Addition AME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change Addition ITLE ITLE 6.1 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP Change Iddition ITY - ST - ZIP 6.4 CITY - ST - ZIP 6.4 CITY - ST - ZIP For the exemption stated in Section 1.19.07(3)(K), Florida Statutes, I further	or register familiar wit IGNATURE _ 2. 7LE IME IRET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and Rife If applicable. IND DIRECTORS	INDITE: Registration of the second se	above-named corpor he corporation's boar tered 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 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO Change Change	egistered offic agent. I am RS IN 12 Addition
TLE DELETE 5.1 TitLE Change Additio AME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE 6.1 TitLE Change Additio ITY-ST-ZIP DELETE 6.1 TitLE Change Additio ITLE DELETE 6.1 TitLE Change Additio ITREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS ITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.0 Change Additio UTY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.0 Change I.0 Change I.0 Change ITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.0 Change I.0 Change I.0 Change ITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.0 Change I.0 Change	or register familiar wit IGNATURE _ 2. TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and Rife If applicable. IND DIRECTORS	INTE Pege INOTE: Pege ITE ITE	above-named corpor he corporation's boa tered Agent signature recurre 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 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO Change Change	egistered offic agent. I am RS IN 12 Addition
AME 52 NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition Addition Addition AME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 751-ZIP	or register familiar wit IGNATURE _ 2. ILE IME REET ADDRESS TY-ST-ZIP TLE IME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and Rife If applicable. IND DIRECTORS	INTE FEE	above-named corpor he corporation's boa tend Agent signature require 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 3.2 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO Change Change	egistered offic agent. I am RS IN 12 Addition
S4 CiTY-ST-ZIP S4 CiTY-ST-ZIP TLE DELETE 61 TiTLE Change AME 62 NAME IREET ADDRESS 63 STREET ADDRESS 1TY-ST-ZIP 64 CITY-ST-ZIP	or register familiar wit GNATURE _ 2. LE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE MA REET ADDRESS TY-ST-ZIP TLE MA REET ADDRESS TY-ST-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and INE If applicable. IND DIRECTORS	INTE Regional and the second s	above-named corpor he corporation's boa tend 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 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 4.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition
TLE DELETE 6 1 TITLE Change Addition AME 62 NAME 63 STREET ADDRESS ITY-ST-ZIP 64 CHTY-ST-ZIP 64 CHTY-ST-ZIP	or register familiar wit IGNATURE _ 2. ILE ILE ILE ILE ILE ILE ILE ILE ILE ILE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and INE If applicable. IND DIRECTORS	INTE INTE	above-named corpor he corporation's boa tend 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 2.3 STREET ADDRESS 3.2 CITY-ST-ZIP 3.1 TITLE 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	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition
IREEL ADDRESS IREET ADDRESS ITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP 6.4 CITY-SI-ZIP	or register familiar wit GNATURE _ 2. LE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S ent and INE If applicable. IND DIRECTORS	INTE Pege INOTE: Pege ITE ITE ITE ITE ITE	above-named corpor he corporation's boa 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 3.5 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition
64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	or register familiar wit IGNATURE _ 2. ILE AME IREET ADDRESS ITY-SI-ZIP ILE AME IREET ADDRESS ITY-SI-ZIP ITLE AME ITREET ADDRESS ITY-SI-ZIP ITLE AME ITREET ADDRESS ITY-SI-ZIP	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S en and Rife (Fappicable. IND DIRECTORS DELE	INTE Pege INOTE: Pege ITE ITE ITE ITE ITE ITE	above-named corpor he corporation's boa tend Agent signature require 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 3.2 CITY-ST-ZIP 3.1 TIFLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change Change	egistered offic agent. I am RS IN 12 Addition
A I do bareby cartify that the information symplered with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further	or registere familiar wit IGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S en and Rife (Fappicable. IND DIRECTORS DELE	INTE Pege INOTE: Pege ITE ITE ITE ITE ITE ITE	above-named corpor he corporation's boa tered 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 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 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	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition
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	or register familiar wit kGNATURE _ 2. ILE AME IREET ADDRESS ITY-SI-ZIP TLE AME IREET ADDRESS ITY-SI-ZIP TLE AME TREET ADDRESS ITY-SI-ZIP ITLE AME ITREET ADDRESS ITY-SI-ZIP ITLE AME IREET ADDRESS ITY-SI-ZIP ITLE AME IREET ADDRESS	ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or pirtled name of registered age OFFICERS A PTD HACHEM, SALEH 6939 HACHEM DR PORT RICHEY FL VD HACHEM, LAURICE 6939 HACHEM DR PORT RICHEY FL SD HANCOCK, THOMAS M. 6848 HACHEM DR #237	rida. Such change was a ction 617.0503, Florida S en and Rife (Fappicable. IND DIRECTORS DELE	INTE Pege INOTE: Pege ITE ITE ITE ITE ITE ITE ITE	Above-named corpor he corporation's boat above-named corpor he corporation's boat 13. 1.1 TIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 TIFLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME 6.3 STREET ADDRESS	and of directors. I hereby accept the ap	urpose of ch pointment a	DIRE CTO DIRE CTO Change Change Change Change Change	egistered offic agent. I am RS IN 12 Addition Addition