SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
95 JUN 26 AM 9:50

DOCUMENT # **N94000000341 (7)**

1. Corporation Name

AMERICAN INSTITUTE FOR NONPROFIT MANAGEMENT, INC

Principal Place of Business	Mailing Address
1800 SECOND STREET SUITE 755 SARASOTA FL 34236	1800 SECOND STREET SUITE 755 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite 715	Suite, Apt. #, etc. 27: Suite 715
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROUSE, JOHN L
CROUSE INVESTMENTS
1800 SECOND STREET, SUITE 755
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 715
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John L. Crouse — John L. Crouse — 6/20/95
Signature, type/printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CROUSE, JOHN L	12 NAME	
STREET ADDRESS	1800 SECOND STREET, SUITE 755	13 STREET ADDRESS	Suite 715
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KARPATHY, ZOLTAN	22 NAME	
STREET ADDRESS	73 SOUTH PALM AVE, SUITE 222	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STAECKER, DEL	32 NAME	
STREET ADDRESS	14502 N. DALE MABRY, SUITE 200	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John L. Crouse — John L. CROUSE — 6/15/95 — 813 957 1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0000084

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $400)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000954 (7)

1. Corporation Name

TRI-COUNTY COLEMAN CAMPERS CLUB, INC.

Principal Place of Business	Mailing Address
14584 66TH ST. NORTH CLEARWATER FL 34624	14584 66TH ST. NORTH CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3297295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

PHILLIPS, GEORGE W
3802 EHRLICH RD.
SUITE 210
TAMPA FL 33624

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	PRESIDENT/D	☐ Change ☒ Addition
NAME		12 NAME	DAVID & SUE MOULTON	
STREET ADDRESS		13 STREET ADDRESS	7490 LOCUST ST NE	
CITY-ST-ZIP		14 CITY ST ZIP	ST PETERSBURG FL 33702	
TITLE		21 TITLE	TREASURER/D	☐ Change ☒ Addition
NAME		22 NAME	TOM & KAY KLEINSORGE	
STREET ADDRESS		23 STREET ADDRESS	2295 DE VILLE DRN	
CITY-ST-ZIP		24 CITY ST ZIP	LARGO FL 34641	
TITLE		31 TITLE	SECRETARY/D	☐ Change ☒ Addition
NAME		32 NAME	OLIVE ROTH & MOLLY MCCOY	
STREET ADDRESS		33 STREET ADDRESS	594 BAYWOOD DR S.	
CITY-ST-ZIP		34 CITY ST ZIP	DUNEDIN FL 34698	
TITLE		41 TITLE	NEWSLETTER EDITOR/D	☐ Change ☒ Addition
NAME		42 NAME	ED & BRENDA BRADSHAW	
STREET ADDRESS		43 STREET ADDRESS	13704 WHITE BARK PLACE	
CITY-ST-ZIP		44 CITY ST ZIP	TAMPA FL 33625	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY ST ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine M. Kleinsorge 6-20-95 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title if Officer

0018431

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 12 PM 2:52

DOCUMENT # N94000001217 (8)

1. Corporation Name

MIRAVISTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3936 TAMIAMI TRAIL NORTH SUITE B NAPLES FL 33940	3936 TAMIAMI TRAIL NORTH SUITE B NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0500327 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MOAVENI, KHOSROW
3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MOAVENI, KHOSROW	12 NAME		
STREET ADDRESS	3936 TAMIAMI TRAIL NORTH, STE. B	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	VOGEL, RICHARD M	22 NAME		
STREET ADDRESS	3936 TAMIAMI TRAIL NORTH	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33940	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GISSELBACK, ROBERT V	32 NAME		
STREET ADDRESS	3936 TAMIAMI TRAIL NORTH	33 STREET ADDRESS		
CITY ST ZIP	NAPLES FL 33940	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	ST	☒ Change ☐ Addition
NAME	RUTHERFORD, SUZANNE	42 NAME	Lundberg, Vicki D.	
STREET ADDRESS	224 4TH ST. SOUTH	43 STREET ADDRESS	679 110th Av. N.	
CITY ST ZIP	NAPLES FL 33940	44 CITY-ST-ZIP	Naples, FL 33963	
TITLE	V	51 TITLE	V	☒ Change ☐ Addition
NAME	COMEAU, GERARD	52 NAME	Lundberg, Vicki D.	
STREET ADDRESS	2204 MAJESTIC COURT N.	53 STREET ADDRESS	679 110th Av. N.	
CITY ST ZIP	NAPLES FL 33942	54 CITY-ST-ZIP	Naples, FL 33963	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K. Moaveni 6-16-95 (813)2632324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014934

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

N

DOCUMENT # N94000001881 (1)

1. Corporation Name

TARPON RIVER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 N.W. 2ND AVE. FORT LAUDERDALE FL 33311	115 N.W. 2ND AVE. FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:
4. FEI Number: 65-0463802 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 515 SW 7 AVE	2a. Mailing Address 26 3300 SW 46 AVENUE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 FORT LAUDERDALE FL	City & State 28 DAVIE FL
Zip 24 33315 County 25 BROWARD	Zip 29 33314 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDEWAARD, C. CRAIG 115 N.W. 2ND AVE. FORT LAUDERDALE FL 33311	81 Name: PRESTIGE PROPERTY MANAGEMENT & MAINTENANCE 82 Street Address (P.O. Box Number is Not Acceptable): 3300 SW 46 AVE 83 84 City: DAVIE FL 85 Zip Code: 33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jeanne Tisler Mgr JEANNE TIISLER, PROPERTY MANAGER JUNE 14, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	11 TITLE	D/P	☒ Change ☐ Addition
NAME	EDEWAARD, C. CRAIG	12 NAME	GLENN DUNKELBERGER	
STREET ADDRESS	115 N.W. 2ND AVE.	13 STREET ADDRESS	602 SW 7 AVE	
CITY ST ZIP	FORT LAUDERDALE FL 33311	14 CITY ST ZIP	FT LAUDERDALE, FL 33315	
TITLE	DST	21 TITLE	D/ST	☒ Change ☐ Addition
NAME	SLAUGHTER, J. ROBERT	22 NAME	EILEEN RICHARDS	
STREET ADDRESS	597 SOUTH ANDREWS AVE	23 STREET ADDRESS	515 SW 7 AVE	
CITY ST ZIP	FT LAUDERDALE FL 33302	24 CITY ST ZIP	FT LAUDERDALE FL 33315	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	DE BRAUWERE, E. SCOTT	32 NAME	DON AMESBURY	
STREET ADDRESS	597 SOUTH ANDREWS AVE	33 STREET ADDRESS	615 SW 7 AVE	
CITY ST ZIP	FT LAUDERDALE FL 33302	34 CITY ST ZIP	FT LAUDERDALE FL 33315	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, if changed, or on an attachment with an address.

SIGNATURE: GLENN DUNKELBERGER, PRESIDENT (305) 522-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0000000

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001897 (7)

N

1. Corporation Name
SPRINGFEST, INC.

Principal Place of Business	Mailing Address
226 S. PALAFOX STREET PENSACOLA FL 32501	226 S. PALAFOX STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3237865 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 P.O. BOX 70 22 Suite, Apt. #, etc. 23 City & State: PENSACOLA, FL 24 Zip: 32591 25 Country: ESCAMBIA	2a. Mailing Address 26 P.O. BOX 70 27 Suite, Apt. #, etc. 28 City & State: PENSACOLA, FL 29 Zip: 32591 30 Country: ESCAMBIA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHELL, STEPHEN B
226 S. PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: PARTINGTON, BRUCE D.
82 Street Address (P.O. Box Number is Not Acceptable): 125 W. ROMANA STREET
83
84 City: PENSACOLA FL 85 Zip Code: 32501

11. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] BRUCE D. PARTINGTON 4/19/95
Signature, type or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DOLLARHIDE, BILL	12 NAME	
STREET ADDRESS	C/O 29 S. PALAFOX STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D S ☒ Change ☐ Addition
NAME	HOLMES, KATHY	22 NAME	GOODHART, MARY
STREET ADDRESS	2850 BELLE CHRISTIANE CIRCLE	23 STREET ADDRESS	~~P.O. BOX 17389~~ 2292 EQUESTRIAN WAY
CITY-ST-ZIP	PENSACOLA FL 32503	24 CITY-ST-ZIP	PENSACOLA, FL 32522-04
TITLE	D	31 TITLE	D T ☒ Change ☐ Addition
NAME	BURGESS, STEVEN	32 NAME	CHAPMAN, R. DALE
STREET ADDRESS	P.O. BOX 12484 N/A	33 STREET ADDRESS	P.O. BOX 631 N/A
CITY-ST-ZIP	PENSACOLA FL 32573	34 CITY-ST-ZIP	PENSACOLA, FL 32522
TITLE	D	41 TITLE	D VICE PRESIDENT ☒ Change ☐ Addition
NAME	POLLACK, CAROL	42 NAME	
STREET ADDRESS	P.O. BOX 631 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32592	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D FIRST VICE PRESIDENT ☒ Change ☐ Addition
NAME	MURZIN, DAVE	52 NAME	
STREET ADDRESS	8463 BEULAH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D P ☒ Change ☐ Addition
NAME	BAKER, JACKIE	62 NAME	
STREET ADDRESS	C/O 25 W. CEDAR STREET	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] R. DALE CHAPMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER 4/19/95 (904)432-0800
Title — Date — Daytime Phone #

0031210

NGA — 1897

Additional SpringFest Directors

Director
Allen, Mike
22A Via Deluna
Pensacola, Fl. 32561

Director
Dukes, Trice
3375 Rommitch Court
Pensacola, Fl. 32504

Director
Emerson, Ralph
200 E. Government Street
Pensacola, Fl. 32501

Director
Fox, Cynthia
2690 Semorian Drive
Pensacola, Fl. 32503

Director
Gallo, Claire
2299 Scenic Highway, Suite K-12
Pensacola, Fl. 32503

Director
Hess, Sharon
1910 Mallory Street
Pensacola, Fl. 32503

Director
Lee,Trish
2190 Airport Blvd., Suite 3000
Pensacola, Fl. 32504

Director
Little, Helen
5918 N. Davis Highway
Pensacola, Fl. 32503

Director
Sites, Richard
1885 Brenda Ave.
Pensacola, Fl. 32506

Director
Thomas, Mike
320 West Lloyd Street
Pensacola, Fl. 32501

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002612 (9)

1. Corporation Name

ANTIOCH YOUNG LIFE CENTER CORPORATION

Principal Place of Business	Mailing Address
2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:
4. FEI Number: Applied For / Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUCKSWORTH, GEORGE R 2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 6/4/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DUCKSWORTH, GEORGE R	12 NAME	
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOBBS, STEPHANIE M	22 NAME	
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NELSON, QUINTON	32 NAME	
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL	33 STREET ADDRESS	
CITY ST ZIP	APOPKA FL 32712	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NEAL, HAROLD	42 NAME	
STREET ADDRESS	2300 W ORANGE BLOSSOM TRAIL	43 STREET ADDRESS	
CITY ST ZIP	APOPKA FL 32712	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/4/95 407-884-9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030077

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005420 (4)

1. Corporation Name

JAMES M. AND DONNA B. SANTO FOUNDATION, INC.

Principal Place of Business	Mailing Address
5113 S. NICHOL ST. TAMPA FL 33611	5113 S. NICHOL ST. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3275370 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

FRAZIER, J. WARREN
501 EAST KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: J. Warren Frazier — 6/19/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SANTO, JAMES M	12 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SANTO, DONNA B	22 NAME	
STREET ADDRESS	5113 SOUTH NICHOL ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, J. WARREN	32 NAME	
STREET ADDRESS	501 E. KENNEDY ST., STE. 1400	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: J. Warren Frazier, Director — James M. Santo — 6/19/95 — (813) 877-6309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #
Director

CR2E037 (3/95)

0012053

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005568 (0)**

1. Corporation Name

ROYALWOOD ESTATES AT KINGSBRIDGE VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
877 LULLWATER DR OVIEDO FL 32765	877 LULLWATER DR OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3293118 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEWIS, RANDY J
877 LULLWATER DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	JOE SPARKS, PRES. D ☐ Change ☑ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	815 ROYALWOOD LANE
CITY-ST-ZIP		14 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		21 TITLE	V ☐ Change ☑ Addition
NAME		22 NAME	MARY HARGRAVE
STREET ADDRESS		23 STREET ADDRESS	818 Lullwater Drive
CITY-ST-ZIP		24 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	TD ☐ Change ☑ Addition
NAME		42 NAME	RANDY LEWIS D
STREET ADDRESS		43 STREET ADDRESS	877 Lullwater Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		51 TITLE	SD ☐ Change ☑ Addition
NAME		52 NAME	Sue Golin
STREET ADDRESS		53 STREET ADDRESS	802 Lullwater Drive
CITY-ST-ZIP		54 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randy Lewis 5/8/95 (407)657-3206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0012085

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $306)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000006041 (7)**

1. Corporation Name

HIGHLANDS RIDGE/HIDDEN CREEK HOMEOWNERS ASSOCIAT ION, INC.

N

Principal Place of Business	Mailing Address
2801 CLUBHOUSE BLVD AVON PARK FL 33825	2801 CLUBHOUSE BLVD AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report:
4. FEI Number: 65-0585994 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 3003 FAIRWAY VISTA DR	26 3003 FAIRWAY VISTA DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JUVE, JOHN B
~~2801 CLUBHOUSE BLVD~~
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3003 FAIRWAY VISTA DR
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☒ Change ☐ Addition
NAME	JUVE, JOHN B	12 NAME	
STREET ADDRESS	2801 CLUBHOUSE BLVD	13 STREET ADDRESS	3003 FAIRWAY VISTA DR
CITY ST ZIP	AVON PARK FL 33825	14 CITY ST ZIP	
TITLE	DV	21 TITLE	DV ☒ Change ☐ Addition
NAME	COVEY, ALAN C	22 NAME	JUVE, DIANE
STREET ADDRESS	2801 CLUBHOUSE BLVD	23 STREET ADDRESS	3003 FAIRWAY VISTA DR
CITY ST ZIP	AVON PARK FL 33825	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	DICKEY, NANCY P	32 NAME	
STREET ADDRESS	2801 CLUBHOUSE BLVD	33 STREET ADDRESS	3003 FAIRWAY VISTA DR
CITY ST ZIP	AVON PARK FL 33825	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with changed or on an attachment with an address.

SIGNATURE: John B Juve 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

JOHN B JUVE

941/471-1171
Daytime Phone #

0014000

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P94000000517 (0)

1. Corporation Name

DIANA RESTAURANT, INC.

Principal Place of Business	Mailing Address
3325 E ATLANTIC BLVD POMPANO BEACH FL 33062	3325 E ATLANTIC BLVD POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1994	3a. Date of Last Report
2. Principal Place of Business (21)	2a. Mailing Address (26)
4. FEI Number: 65-0463892	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24) County (25)	Zip (29) County (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAYNOR, BETH 3325 E ATLANTIC BLVD POMPANO BEACH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: PRB
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GAYNOR, BETH	12 NAME	
STREET ADDRESS	3325 E ATLANTIC BLVD	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33062	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: PRB 6/20/95 941-7960 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008343 CP