NONPROFIT FLORAD CONTROL OF STREE CORPORTION ANNUAL REPORT Store & Movement Store & Movement of State Store & Movement Store & Movement Proceed Paster of State DOCUMENT # N940000001507 (2) MONROE COUNTY VACATION RENTAL MANAGERS, INC. Proceed Paster of States Deling Address VC MODE COUNTY VACATION RENTAL MANAGERS, INC. Proceed Paster of States Deling Address VC MODE COUNTY VACATION RENTAL MANAGERS, INC. Proceed Paster of States Deling Address VC MODE COUNTY VACATION RENTAL MANAGERS, INC. Proceed Paster of States Deling Address State Age - Proceed Paster of States Deling Address State Age - Proceed Paster of States Deling Address State Age - State Age - Proceed Paster of States Deling Address State Age - State Age - Proceed Paster of States Deling Address State Age - State Age - Proceed Paster of States Deling Address State Age - State Age - Proceed Paster of State Deling Address State Age - Deling Address Deling Address Deling Address State Address	SECON Amount due	D NOTICE: CORPORATION WILL I ON OR BEFORE 8/7/96: \$61.25 (IF DIS	BE DISSOLVED ON OR AFT SOLVED, MINIMUM AMOUNT	TER AUGU	ST 7, 1996. Instate: \$236.2	25)	
ANUAL REPORT 1996 OCUMENT # N94000001507 (2) MORRE COUNTY VACATION RENTAL MANAGERS, INC. Principal Pace of Business Not Rent Advances Not Rent No	N	IONPROFIT	FLORIDA DE	EPARTMENT	OF STATE		
1996 DMILICH OF COMPORTATIONS DOCUMENT # N94000001507 (2) MONROE COUNTY VACATION RENTAL MANAGERS, INC. Principal Place of Business Mailing Address MOROME ST. ISDO Busine Address Do Box 165A Principal Place of Business Balling Address Do Box 165A Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition of Business Balling Address Dimensional Place of Business Balling Address Composition Networks Balling Address Dimensional Place of Business Balling Address Balling Address Balling Address Dimensional Address of Country in Business Balling Address Balling Address Balling Address		IUAL REPORT	K (14, 15)				
MONROE COUNTY VACATION RENTAL MANAGERS, INC. Principal Pace of Business Maling Address MC OROUE ST. NET WETH T, ROW P.O. ROX IESL SUMARIA I, SSOB 3. Date incorporated or Custifier 3. Date of Loss Report 2. Principal Pace of Business 2. Maling Address F.F. Marcing 3. Date incorporated or Custifier 3. Date of Loss Report 2. Principal Pace of Business 2. Maling Address F.F. Marcing 3. Date incorporated or Custifier 3. Date of Loss Report 2. Principal Pace of Business 2. Maling Address F.F. Marcing 3. Date incorporated or Custifier 3. Date of Loss Report 2. Principal Pace of Business 2. Maling Address I S. Certificate of Status Destato F.S. Control or Custifier 3. Date of Loss Report 2. Date incorporated or Custifier 3. Date incorporated or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Control or Custifier S. Certificate of Status Destato F.S. Co		1996		•			
Principal Place of Business PO. BOX IGN BY MEST FL SSOO PICAROUNE ST PI							
Display Display Display Display 1 Display Display Display Display 2 Principal Flace of Business 2e. Maing Addeess 4e. Flat Maing Addeess 0e. Display 2 Principal Flace of Business 2e. Maing Addeess 4e. Flat Maing Addeess 0e. Display 2 Principal Flace of Business 2e. Maing Addeess 4e. Flat Maing Addeess 0e. Display 2 Display 2p. Country 8e. Display 0e. Display 0e. Display 2 Display 2p. Country 2p. Country 8e. Display 0e. Display 2 Display Display Display Note Address of Display Note Address of Display Note Address of Display 2 Display Display Display Address of Display Note Address of Display Note Address of Display 2 Display Display Display Display Display Display Display 2 Display Display Display Display Display Display 2 Display Display Display Display Display Display 2 Display Display Display Display	MON	IROE COUNTY VACATION	RENTAL MANAGERS,	, INC.			
Display Display Display Display Display 2. Principal Place of Business 2n. Maint Actives 3. Data Incorporated or Custified	Deline and Dise						
KEY WEST FL 2000 ISAMORADA FL 3006 2. Principal Place of Business 2a. Maling Address 2. Principal Place of Business 2a. Maling Address 2. Principal Place of Business 2a. Maling Address 2. State Address 4. FEI Number 2. Date April 4. etc 2a. Maling Address 2. Date April 4. etc 2b. State 2. Date Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 2. Date Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 11. Partwest to the provisional Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 11. Partwest to the provisional Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 11. Partwest to the provisional Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 11. Partwest to the provisional Address of Current Regetatered Agent 10. Name and Address of Own Regetatered Agent 12. Date Address of Courrent Regetatered Agent 10. Name and Address of Own Regetatered Agent 13. Date Address of Own Regetatered Agent 10. Name a			-			L INDIALAR DIN INKI DINIE ANII	AL QUELT DOILT AQUEL DEINE FINAL DEFIT ANDE INNEL
Principal Place of Business 2a. Maning Address 2a. Maning Address 2a. Maning Address 2a. Maning Address 2a. An interview 2a. Suite, Apr. # etc			P.O. BUX 1634 ISLAMORADA FL 330	196			
2. Purposed Participal Place of Business 2. Maining Address 4. FEI Number Participal Place of Dusiness Suid, Apt #, etc Suid, Apt #, e			···				
Solite, April P. etc. Sulle, April P. etc. </th <th>21</th> <th></th> <th></th> <th></th> <th></th> <th>4. FEI Number</th> <th>Applied For</th>	21					4. FEI Number	Applied For
City & State City & State City & State State State State 21p Country 20 Country 20 State Addet of Pees 21p Country 20 Country 20 Addet of Pees Addet of Pees 21p Country 20 Country 20 Fold State Mark and Address of New Registered Agent 21p State State State Name and Address of Current Registered Agent Mark and Address of New Registered Agent 21p CORPORATION INFORMATION SERVICES INC. 10 Name and Address (FO Box Number is Not Acceptable) 11 211 Prevented to the provision address in Not Acceptable) 11 Name and Address (FO Box Number is Not Acceptable) 212 Tot L CAPE of Link & State State Address (FO Box Number is Not Acceptable) 12 213 Tot L CAPE of Link & State Address in Not Acceptable) 13 Tot L CAPE of Link & State 214 Other provide address in Pro		#, etc	Suite, Apt. #, etc.				\$8.75 Additional
Zp Country Zp Country That Fund Concluston Address of the Registerid Agender a. 198:032, Proids Statutos 8 Name and Address of Current Registered Agent 10: Name and Address of New Registered Agent 199:022, Proids Statutos Yes	City & Stat	te	City & State			, -	ng \$5.00 May Be
Bergen version of the provision of the provision of the registered Agent Bergen version of the provision of the provision of the registered Agent Bergen version of the provision of the provision of the registered Agent Bergen version of the provision of the provisi the provision of the provision of the provision of the provisio	Zip		Zip		untry	8. This corporation has liability	for intangible tax under s. 199.032,
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. 1201 HAYS ST. 121 TALLAHASSEE FL 32301 TOL CAROLINE ST. 121 CAROLINE ST.	24			30		Florida Statutes	Yes 🔽 No
1201 HAYS ST. 1201 HA	CORP	ORATION INFORMATION SERVI				MOODY. GENE F	
IPT CAPOLINE ST IPT CAPOLINE ST <td>🔒 1201 l</td> <td>hays st.</td> <td>UEJ INU.</td> <td></td> <td>82 Street Ad</td> <td>dress (P.O. Box Number is Not Accep</td> <td>ptable)</td>	🔒 1201 l	hays st.	UEJ INU.		82 Street Ad	dress (P.O. Box Number is Not Accep	ptable)
I1. Pursuant to the provisions of Strotes and Statutes. The above named corporation submits hits statement for the purpose of change the appointment as registered defined of directs. I hareby accept the appointment as registered defined accept the appointment as registered and of directs. I hareby accept the appointment as registered defined accept the appointment as registered defined accept the appointment as registered defined accept the appointment as registered defined accept the appointment as registered accept the appoint accept the ap	TALLA	HASSEE FL 32301			10	1 CAROLINE ST	•
11. Pussant to the provisors of Sectors (17.0502 and 617.1508. Florida Statutes, the above named corporation's board of directors. I barroby accept the appointed its registered signal, tem family mits and accept the appointed its registered signal. The provide of the appointed its registered signal. ISIGNATURE Sectors 10.0000, Sectors 10.0000, Forda Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. INLE PD OFFICERS AND DIRECTORS 13. INLE PD OFFICERS AND DIRECTORS 13. INLE NOODY, GENE E 701 CARCUINE ST. 13. INLE VD DELETE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. INLE VD VD DELETE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. INLE VD VD DELETE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. INLE VD VD DELETE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12. INLE VD VD DELETE 13. ADDITIONSICHANGES TO OFFICE AND ADDITIONSICHANG					1 I Y K	an Illes T	
SIGNATURE Supminter trade or printed name of regiments against and the if applicable (NOTE Regelend AgeLacounce regimes allow international) 7/24/96 12. OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICE RS AND DIFECTORS IN 12 ITRE PD Image Image Image Image NAME MOODY, GENE E Image Image Image Image STREE ADDRESS TOT CAROLINE ST. Image	11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both in the State	22 and 617.1508, Florida Stat of Florida, Such change was	lutes, the at s authorized	ove-named corpora	poration submits this statement for th tion's board of directors. I hereby acc	le purpose of changing its registered
By Hauker (1980 or printer) name of anginated agenciations (MOTE Requireed Agenciations monotons) // Due 12. OFFICERS AND DIRECTORS 13 TILE PD International agenciations International agenciations MAME MOODY, GENE E International agenciations International agenciations STREET ADDRESS 701 CARDUINE ST. International agenciations International agenciations ITILE VO International agenciations International agenciations International agenciations ITILE VO International agenciations International agenciations International agenciations ITILE VO International agenciations International agenciations International agenciations ITILE VO International agenciational agenciationagenciatindepenciational agenciational agenciational agenciational	SIGNATURE		Contraction of the second seco	-, (-		7/7/91
Three PD DELETE ADDATIONAL PANCES TO OF ICENS IN 12 NAME - MOODY, GENE E Change Addition STREET ADDRESS 13 STREET ADDRESS Change Addition CITY-ST-2P KEY WEST FL 33040 DELETE 21 MLE Change Addition NAME VOWELS, CHARLES 23 STREET ADDRESS Change Addition STREET ADDRESS 701 CAROLINE ST. 23 STREET ADDRESS Change Addition MAME VOWELS, CHARLES 33 STREET ADDRESS Change Addition STD DELETE 21 MLE Change Addition MAME VOWELS, CHARLES 33 STREET ADDRESS Change Addition STD DELETE 31 MLE Change Addition MAME DELETE 31 MLE Change Addition STREET ADDRESS 701 CAROLINE ST. 33 STREET ADDRESS Change Addition STREET ADDRESS 701 CAROLINE ST. 33 STREET ADDRESS Change Addition STREET ADDRESS 701 CAROLINE ST. STREET ADDRESS STREET ADDRESS Change A		OFFICERS AN			d Agent signature requ		DATE
STRET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 14 CITY-S1-2IP TITLE VD DELETE 21 NTLE NAME 21 NTLE Change Addition STRET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 24 CITY-S1-2IP Change Addition STRET ADDRESS 701 CAROLINE ST. STRET ADDRESS 23 STRET ADDRESS Change Addition STRET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 24 CITY-S1-2IP Change Addition Mule STRET ADDRESS 701 CAROLINE ST. STOT 33 STRET ADDRESS Change Addition STRET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 34 CITY-S1-2IP Change Addition STRET ADDRESS 701 CAROLINE ST. STOT 33 STRET ADDRESS Change Addition STRET ADDRESS 701 CAROLINE ST. MANUE 33 STRET ADDRESS Change Addition STRET ADDRESS 701 CAROLINE ST. MANUE 33 STRET ADDRESS Change Addition STRET ADDRESS 701 CAROLINE ST. MANUE 35 STRET ADDRESS Change Addition STRET ADDRESS 51 NTLE STRET ADDRESS STRET ADDRESS STRET ADDRESS STRET		PD			ITLE	ADDITIONO/UNANGLUTO U	
Inte VD DELETE 21 Inte Change Addition NAME VOWELS, CHARLES 23 STREET ADDRESS 23 STREET ADDRESS					-		
TITLE VD DELETE 21 TITLE Change Addition NAME VOWELS, CHARLES 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS 24 OTY - ST-2/P Image Addition TITLE STD DELETE 21 TITLE 23 STREET ADDRESS Change Addition STRET ADDRESS TOT CAROLINE ST. 23 STREET ADDRESS Change Addition STRET ADDRESS TO CAROLINE ST. 33 STRET ADDRESS Change Addition STRET ADDRESS TO CAROLINE ST. 33 STRET ADDRESS Change Addition TITLE							
STREET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 23 STREET ADDRESS CITY-ST-2P XEY WEST FL 33040 24 CITY-ST-2P TITLE 31 TITLE 31 TITLE NAME 32 WAME 32 WAME STREET ADDRESS 701 CAROLINE ST. 33 STREET ADDRESS CITY-ST-2P KEY WEST FL 33040 34 CITY-ST-2P TITLE			DELETE				Change Addition
CITY-ST-ZIP KEY WEST FL 33040 2 4 CITY-ST-ZIP TITLE STD DELETE 3 1 TITLE WAKE WHEELER, ALEXA 3 2 NAME 1 Change Addition STRET ADDRESS 701 CAROLINE ST. 3 3 STRET ADDRESS 1 Change Addition ITTLE NAME ITTLE 3 2 NAME 1 TITLE 1 Change Addition NAME ITTLE 3 STRET ADDRESS 3 4 CITY-ST-ZIP 1 Change Addition NAME DELETE 4 1 TITLE 1 Change Addition NAME STRET ADDRESS 1 TITLE 1 Change Addition STRET ADDRESS 1 TITLE 1 Change Addition NAME 1 TITLE 1 DELETE 5 1 TITLE 1 Change Addition NAME 1 DELETE 5 1 TITLE 1 Change Addition STRET ADDRESS 5 3 STRET ADDRESS -077/301/9501050024 -077/301/9501050024 STRET ADDRESS 5 3 STRET ADDRESS -077/301/9501050024 -077/301/9501050024 -077/301/9501050024 STRET ADDRESS 6 3 STRET ADDRESS -077/301/9501050024 -077/3							
TITLE STD DELETE 2 4 0.01 / 31 / 21 / 21 / 21 / 21 / 21 / 21 / 2		KEY WEST FL 33040					
STREET ADDRESS 701 CAROLINE ST. KEY WEST FL 33040 3 3 STREET ADDRESS CITY-ST-ZIP DELETE 41 RTLE TITLE DELETE 41 RTLE AVME 42 NAME STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP 0 ELETE 44 CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP DELETE BAMME STREET ADDRESS CITY-ST-ZIP DELETE BAMME STREET ADDRESS CITY-ST-ZIP DELETE BAMME STREET ADDRESS	TITLE		DELETE	3 1 Ti	TLE		Change Addition
CITY-ST-ZIP KEY WEST FL 33040 34. CITY-ST-ZIP TITLE DELETE 41.11LE Change Addition NAME 42.NAME 43.51REET ADDRESS Addition STREET ADDRESS 43.51REET ADDRESS 44.017Y-ST-ZIP Addition TITLE DELETE 51.11LE Change Addition STREET ADDRESS 44.017Y-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP DELETE 51.11LE Change Addition STREET ADDRESS 53.51REET ADDRESS 53.51REET ADDRESS CITY-ST-ZIP TITLE DELETE 51.11LE Change Addition NAME STREET ADDRESS 54.017Y-ST-ZIP Change Addition NAME STREET ADDRESS 53.51REET ADDRESS -07.7.30.79601050024 -07.7.30.79601050024 STREET ADDRESS 63.51REET ADDRESS ####6125 -07.7.30.79601050024 -07.7.30.79601050024 14. I do bereby certify that the information subplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.1 -07.7.30.79601050024 -07.7.30.79601050024 14. I do bereby certify that							
ITTLE DELETE 3.4.0111-Sit-2ir NAME DELETE 4.1 TITLE Change Addition STREET ADDRESS 43 STREET ADDRESS 44 CITY-SI-2ir Intelemental and the street address Intelemental and the street address STREET ADDRESS 0 DELETE 51 TITLE DELETE STREET ADDRESS STREET ADDRESS 0 DELETE 51 TITLE Change Addition NAME STREET ADDRESS 53 STREET ADDRESS City-sit-zir Intelemental and the street address Addition STREET ADDRESS 0 DELETE 51 TITLE 0 DELETE 53 STREET ADDRESS City-sit-zir STREET ADDRESS 0 DELETE 6 STREET ADDRESS -07/30/9601050024 Addition STREET ADDRESS 63 STREET ADDRESS -07/30/9601050024 ****61.25 STREET ADDRESS 64 CITY-SI-zir -07/30/9601050024 ****61.25 STREET ADDRESS 64 STREET ADDRESS -07/30/9601050024 ****61.25 STREET ADDRESS 64 CITY-SI-zir -07/30/9601050024 ****61.25 STREET ADDRESS 64 CITY-SI-zir -07/30/9601050024 ****61.25 STREET ADDRESS							
NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 DIY-ST-ZIP TITLE DELETE STREET ADDRESS 10 DELETE STREET ADDRESS 1			DELETE				Change Addition
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE NAME DELETE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP DELETE DELETE S1 TITLE NAME S3 STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP TITLE DELETE DELETE S1 TITLE STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP DELETE DELETE S1 TITLE DELETE S1 TITLE CITY-ST-ZIP STREET ADDRESS STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS STREET ADDRESS S3 STREET ADDRESS CITY-ST-ZIP S1 STREET ADDRESS STREET ADDRESS S3 STREET ADDRESS STREET ADDRESS S1 STREET ADDRESS S1 STREET ADDRESS S1 STREET ADDRESS S1 STREET ADDRESS S1 STREET ADDRESS							
ITTLE DELETE Stringe Addition NAME STREET ADDRESS Stringe Addition STREET ADDRESS Stringe Addition CITY-ST-ZIP Stringe Addition ITTLE DELETE Stringe Addition STREET ADDRESS Stringer ADDRESS +***61.25 Stringer Certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I made under cath, that I am an officer of director of the coboration or the receiver or true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or block 13 charaged or on an attachment with an address.							
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP ITTLE DELETE STREET ADDRESS 54 CITY-ST-ZIP STREET ADDRESS 54 CITY-ST-ZIP STREET ADDRESS 54 CITY-ST-ZIP STREET ADDRESS 54 CITY-ST-ZIP STREET ADDRESS 61 TITLE STREET ADDRESS -07/30/9601050024 STREET ADDRESS +**+61.25 CITY-ST-ZP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 of director of the coporation 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 (changed or ch an attactment with an address.	TITLE		DELETE				Change Addition
CITY-ST-ZIP 53 STREET ADDRESS TITLE DELETE NAME 0 DELETE STREET ADDRESS -07/30/9601050024 STREET ADDRESS -07/30/9601050024 STREET ADDRESS +***61.25 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 that my name appears in Block 12 or Block 13 Changed or on an attachment with an address.							
Imme DELETE 61 TITLE -07/30/9601050024 Addition STREET ADDRESS 64 CITY-SF_ZIP 64 CITY-SF_ZIP 64 CITY-SF_ZIP 14. I do hereby 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 that my name appears in Block 12 or Block 13 Changed or n en attachment with an address.							
August Adverse and August Adverse August Adverse August Augu	ITLE		DELETE				Change Addition
August Advects August A					-	-07/30/9601	U7732
14. I do hereby certify that the information supplied with this filling 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 port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer of director of the concoration 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 (changed or man an attachment with an address.		ST-2P				***61.25	000 027
	14. I do hereb	y certify that the information supplied	d with this filing is voluntarily f	6.4 CII furnished ar	Y-SI:ZP nd does not qua	lify for the exemption stated in Sectio	n 119 07(3)(k). Florida Statutes 1
	made und that my na	ler oath; that I am an officer of directo ame appears in Block 12 or Block 13	this annual report or supplem y of the corporation or the re- changed or on an attachme	nental annu ceiver or tru ent with an t	al report is true a istee empowere address.	and accurate and that my signature s d to execute this report as required b	shall have the same legal effect as if by Chapter 617, Florida Statutes; and
SIGNATORE		a contra	ALL ALL ALL MARKED				
SIGNATURE AND Y PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date						Date	303 664-1075 Daytime Phone #