10. TITI E NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIP LUTZ F1 33649 PALM HARBOR FI 346 Delete Change Addition THILE TITLE YD. TRAN, HUYEN LUU 3540 SHOREZWE CR TRÂN, HA 1352 OCEAN REEF PD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FI34686 WETLEYCHAPER FI 33543 Change TITLE Z Delete Addition **GD** TRAN, CO' MINH DR LUL, LUCIE NGOC 11425 GEORGETOWN CR NAME 12308 GLENFELD AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA F1. 33626 CITY-ST-7IP TAMPA FI 33635 VD. CALVIN CHONG VD C4 Delete C4 Change TITLE TITLE Addition NELLYEN, BIVAN NAME NAME 16008 BURMHAM tuy STREET ADDRESS STREET ADDRESS 2773 RRADFORD CK CITY-ST-ZIP CITY-ST-ZIP PAIMHARBOR FI 34685 TAMPA F1 33647 TITLE ☐ Delete TITLE 3000032370 NAME -05/03/00--SINGE AUDRESS STREET ADDRESS *****75.00

i2. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

- NATURE:

ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

/ 3.22.00 (813) 977-5540 TRANTHI CUC NGUYER