1394 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  3. Date Incorporated or Qual 05/22/1995  22 Principal Place of Business  2 a. Mailing Address 25 Suite, Apt. #, etc 25 Suite, Apt. #, etc 27 City & State 27 City & State 28 City & State 30 Zip Country 29 Zip Country 29 Suite, Apt. #, etc 30 Record Committed Commit	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees If or intangible tax inder s. 199 032, Yes No Registered Agent
Principal Place of Business  1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  3. Date Incorporated or Qualiformid Control of Place of Business  2. Principal Place of Business 2. A. Mailing Address 2. Principal Place of Business 2. A. Mailing Address 3. Date Incorporated or Qualiformid Control of Place of Business 3. Date Incorporated or Qualiformid Control of Place of Status Desire of Status Desir	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees of for intangible tax index s. 199 032, Yes No w Registered Agent
1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  3. Date Incorporated or Qual 05/22/1995  3. Date Incorporated or Qual 05/22/1995  4. FEI Number  25 Surite, Apt. #, etc  26 Surite, Apt. #, etc  27 City & State  30 Zip  City & State  31 Zip  Country  28 Zip  Country  29 300  8. This corporation has liability. Florida Statutes  9. Name and Address of Current Registered Agent  BAR-NAVON, BOAZ  1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  83  84 City  11. Fursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for it office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby ac agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and line 4 application.  DELETE  11. TITLE  Signature, typed or printed name of registered agent and line 4 application.  DELETE  11. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO C.  14. TITLE  15. Certificate of Statutes  16. Erection Campaign Finance  17. Title  18. Name  82. Street Address (P.O. Box Number is Not Access agent, and the fapplication).  19. Title  10. Name and Address of New Number is Not Access agent, and the fapplication.  10. Name and Address of New Number is Not Access agent, and the fapplication.  10. Name and Address of New Number is Not Access agent, and the fapplication.  10. Name and Address of New Number is Not Access agent and the fapplication.  10. Name and Address of New Number is Not Access agent and the fapplication.  10. Name and Address of New Number is Not Access agent and the fapplication.  10. Name and Address of New Number is Not Access agent and the fapplication.  10. Name and Address of New Number is Not Access agent and New Number is Not Access agent and Number is Not Access agent and Number is Not Access agent and Number is Not Access	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees of for intangible tax index s. 199 032, Yes No w Registered Agent
ROCKLEDGE FL 32955  ROCKLEDGE FL 32955  ROCKLEDGE FL 32955  3. Date Incorporated or Qual 05/22/1995  3. Date Incorporated or Qual 05/22/1995  4. FEI Number  5. Certificate of Status Desire.  City & State  ROCKLEDGE FL 32955  28  Country  29  Country  20  Country  20  Country  21  Country  22  Country  23  Country  24  Annual Address of Current Registered Agent  BAR-NAVON, BOAZ  1384 HERITAGE ACRES BLVD.  ROCKLEDGE FL 32955  83  84  City  City & State  Country  City & Country  Country  Country  Country  City & Country  Coun	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees If or intangible tax inder s. 199 032, Yes No Registered Agent
2 Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc 2 Suite, Apt. #, etc	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees If or intangible tax inder s. 199 032, Yes No Registered Agent
2a. Mailing Address 2b. Suite. Apt. #, etc. 2cty & State 3cty & Country 4cty & State 3cty & State	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees  If or intangible tax inder s. 199 032,  Yes No
Suite, Apt. #, etc  27  City & State  City & State  City & State  City & State  Country  Zip  Country  Xip  A This corporation has habilite Florida Statutes  Street Address of Net  Signalure and Address of Current Registered Agent  10. Name and Address of Net  Signalure in the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby act agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  Signalure  Signalure hyped or printed name of registered agent and little 4 applicative.  (NOTE Registered Agent signature required when renatiding)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO COUNTRINGES TO COUNTRING	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees  If or intangible tax inder s. 199 032,  Yes No  • Registered Agent
City & State    City & State   City & State   28	Fee Required  \$5.00 May Be Added to Fees  for intangible tax fider s. 199 032,  Yes No  v Registered Agent
28  Zip Country Zip Country  25 29 30  Shame and Address of Current Registered Agent  BAR-NAVON, BOAZ  1384 HERITAGE ACRES BLVD.  ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Access of registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, lyped or printed name of registered agent and title flasplicative.  OFFICERS AND DIRECTORS  TILE  PTD  DELETE  11 TITLE  13 SIRRET ADDRESS  ROCKLEDGE FL 32955  RELITION  AME  BAR-NAVON, BOAZ  1.2 NAME  1.3 SIRRET ADDRESS  1.4 CITY - ST-ZIP  ROCKLEDGE FL 32955  DELETE  2.1 TITLE  PROCKLEDGE FL 32955  DELETE  2.1 TITLE  PARAME  RAR-NAVON DOAINA	Added to Fees of for intangible tax order s. 199 032, Yes No v Registered Agent
8. This corporation has hability Florida Statutes  9. Name and Address of Current Registered Agent  10. Name and Address of New Address of Ne	r for intangible tax inder s. 199 032, Yes No No Neglistered Agent
9. Name and Address of Current Registered Agent  10. Name and Address of New Market Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Access Record Registered Agent Address (P.O. Box Number is Not Access Record Record Registered Agent Registe	v Registered Agent
BAR-NAVON, BOAZ 1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  82 Street Address (P.O. Box Number is Not Access and Access acress	7
1384 HERITAGE ACRES BLVD. ROCKLEDGE FL 32955  83  84 City  1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  IGNATURE    Signature, typed or printed name of registered agent and bitle 1 application.   (NOTE Registered Agent signature required when remistative).	ptable)
1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. It hereby act agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  IGNATURE    Signature hyped or printed name of registered agent and hitle 1 application.   (NOTE Registered Agent signature required when remistating).	
1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. It hereby act agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  IGNATURE    Signature: typed or printed name of registered agent and title 1 applicative.	
IGNATURE    Signature   Signat	FL 85 Zip Code
SIGNATURE    Signature   typed or printed name of registered agent and title 1 application	
Signature: typed or printed hams of registered agent and bite 1 applications  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO C  INTE  PTD  BAR-NAVON, BOAZ  ITREET ADDRESS  1305 GEM CIRCLE  ITRICET ADDRESS  INTELET ADDRESS	Sept the appointment as registered
ITLE PTD DELETE 11 TITLE  AMME BAR-NAVON, BOAZ  TREET ADDRESS 1305 GEM CIRCLE  ITY-ST-ZIP ROCKLEDGE FL 32955  TILE VSD DELETE 21 TITLE  AMME RAP-NAVON DONNA	DATE
AME BAR-NAVON, BOAZ  TREET ADDRESS  1305 GEM CIRCLE  13STREET ADDRESS  TIV- ST-ZIP  ROCKLEDGE FL 32955  TLE  VSD  DELETE  21 TITLE  AME  RAB-NAVON DOANA	FFICERS AND DIRECTORS IN 12  Change Addition
ITY-ST-ZIP ROCKLEDGE FL 32955  TLE VSD DELETE 21 TITLE  AME RAB-NAVON DOANNA	Li Uliango raono
ITLE VSD DELETE 21 TITLE	
ALSE RADINAVON DONNIA	Change Addition
TREET ADDRESS 1305 GEM CIRCLE 22 NAME	Orange nauruun
ITY-ST-ZIP ROCKLEDGE FL 32055	
TILE VSD DELETE 31 TITLE	Change Addition
IAME RAHAL, NICK N  3 2 NAME  1384 HERITAGE ACRES BLVD	Li diange Li naunton
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DELETE 41 TITLE	Change Addition
AME  1 2 NAME  1 2 NAME	Change Addition .
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TLE DELETE 51 TITLE	Change Addition
AME 5 2 NAME	Change Addition !
TY-S1-7IP	
LE DELETE 61 TITLE	Change Addition
ME 62 NAME	Change Addition (
REET ADDRESS  TX_SI-ZIP  CAUTE OF THE SECOND	
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is made under oath; that I am an officer or director of the corporation of the received or trustee empowered to execute this report as required by that my name appears in Block 12 or Block 13 if our production of the received or trustee empowered to execute this report as required by that my name appears in Block 12 or Block 13 if our production of the received or trustee empowered to execute this report as required by that my name appears in Block 12 or Block 13 if our production of the received or trustee empowered to execute this report as required by the received or trustee.	440 07/20UA Florido Ctatutos I