FILE NOW: FILING FEE IS \$61.25				FILED	
			DEPARTMENT OF STATE	May 06 19	98 8:00a
ANNU	JAL REPORT	s s	ecretary of State	Secretary	
*	1998				01 State
DOCUN 1. Corporation	MENT # N950(0002998	(1)		
FLORIC	da faith ministries inti	ERNATIONAL, INC.			
Principal Place	e of Business	Mailing Address			
10. Box 896 IAFETY HARBOR FL 34695-0896		P.O. BOX 896 SAFETY HARBOR FL 34695-0896		3. Date Incorporated or Qualified 06/23/1995	
				4. FEI Number 59-3324790	Applied For Not Applicat
	ace of Business	2e. Mailing Addres	\$8	5. Certificate of Status Desired	\$8.75 Additional
1Suite, Apt. (#, etc.	26 Suite, Apt. #, e	tc.	6. Election Campaign Financing	Fee Required \$5.00 May Be
2 City & State		27 City & State		Trust Fund Contribution	Added to Fees
<u>]</u>		28		Yes	No
Zip 1	Country 25	Zip 29	Country 30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intaggible
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent
THRASH	IER, PAUL W		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	VRBOR HILL PKWY				
	NRBOR HILL PKWY HARBOR FL 34695-4154		83 84 City		a 85 Zip Code
SAFETY	HARBOR FL 34695-4154	02 and 617 1509 Elocida	83 84 City		
SAFETY	HARBOR FL 34695-4154	02 and 617.1508, Florida of Florida. Such chang ations of, Section 617.03	83 84 City		
SAFETY 11. Pursuant t office or re agent. 1 ar SIGNATURE	HARBOR FL 34695-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig		B3 B4 City Statutes, the above-named c e was authorized by the corpo 503, Florida Statutes.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	L
SAFETY office or re agent. I ar SIGNATURE	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or priviled name of registered ag	eni and life if applicable. ND DIRECTORS	B3 B4 City I Statutes, the above-named c e was authorized by the corpo 503, Florida Statutes. (NOTE: Registered Agent signature in 13.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	C
SAFETY 11. Pursuant (office or re agent. I ar SIGNATURE 12.	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bignature, typed or priviled name of registered ag OFFICERS AN	ent and tille II applicable.	B3 B4 City Statutes, the above-named c was authorized by the corpo S03, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	C
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. IIILE UMME	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or priviled name of registered ag	eni and life if applicable. ND DIRECTORS	B3 B4 City I Statutes, the above-named c e was authorized by the corpo 503, Florida Statutes. (NOTE: Registered Agent signature in 13.	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	C
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE IIILE UAME STREET ADDRESS XTY-ST-ZIP	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigmiture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON	ND DIRECTORS	B3 B4 City Statutes, the above-named c was authorized by the corpo So3, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Changing its registered appointment as registered FE AND DIRECTORS IN 12 Change Additi
SAFETY 1. Pursuant (office or re agent. ar signature 2. The Make TREET ADDRESS ATY-ST-ZIP TTLE	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig signifure, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T	eni and life if applicable. ND DIRECTORS	B3 B4 City Statutes, the above-named of was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	C
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 2. TRLE TRLE TRLE TREET ADDRESS TTY-ST-ZP TTLE AME	HARBOR FL 34895-4154	ND DIRECTORS	B3 B4 City Statutes, the above-named c was authorized by the corpo So3, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Changing its registered appointment as registered FE AND DIRECTORS IN 12 Change Additi
SAFETY 1. Pursuant (office or re agent. 1 ar SIGNATURE 2. TRLE TREET ADDRESS TY-ST-ZP TTLE MME TREET ADDRESS TY-ST-ZP TTLE TREET ADDRESS TTY-ST-ZP	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY	ND DIRECTORS	B3 B4 City Statutes, the above-named c was authorized by the corpo vas authorized by the corpo so3, Florida Statutes. (NOTE: Registered Agent signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP Z1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T	ND DIRECTORS	B3 B4 City Statutes, the above-named of e was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP Z1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP S1 TIFLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Changing its registered appointment as registered FE AND DIRECTORS IN 12 Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 12. 12. 12. 13. 14. 14. 15. 15. 15. 15. 15. 15	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY	ND DIRECTORS	B3 B4 City Statutes, the above-named c was authorized by the corpo vas authorized by the corpo so3, Florida Statutes. (NOTE: Registered Agent signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP Z1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Change Additi
SAFETY 1. Pursuant t office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 15. 11. 14. 15. 11. 14. 15. 11. 14. 15. 11. 14. 15. 11. 14. 15. 11. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LCILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK	Peri and life if applicable.	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP S1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 12	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LCILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T	ND DIRECTORS	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP TTE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP S1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TTE 4.1 TITLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13	HARBOR FL 34695-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE	Peri and life if applicable.	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP S1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi
SAFETY 1. Pursuant t office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 15. 11. 14. 15. 11. 14. 15. 11. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	HARBOR FL 34895-4154 to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, typed or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LCILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL	Peri and life if applicable.	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature in 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 2.4 CITY-ST-ZIP S.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TTE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. ITTLE IAME ITTRET ADDRESS ITY-ST-ZIP ITLE IAME ITTRET ADDRESS ITY-ST-ZIP ITLE IAME ITTRET ADDRESS ITY-ST-ZIP ITLE IAME ITRET ADDRESS ITY-ST-ZIP ITLE IAME ITRET ADDRESS ITY-ST-ZIP ITLE I	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, hyped or privied name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 T	Peri and life if applicable.	B3 B4 City I Statutes, the above-named of e was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature in 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TTE 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TTE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TTE 4.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TTE 5.1 TITLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi
SAFETY 1. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 14. 14. 15. 15. 15. 15. 15. 15	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, hyped or privited name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 T THRASHER, IDA	Peri and life if applicable.	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature in 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP STREET ADDRESS 2.4 CITY-ST-ZIP S.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TTE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi Change Additi
SAFETY 1. Pursuant t office or re agent. I ar SIGNATURE 12. TITLE UAME STREET ADDRESS STY-ST-ZIP	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bightive, hyped or privied name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 T	Peri and life if applicable. ND DIRECTORS DELE DELE DELE DELE DELE DELE DELE	B3 B4 City Statutes, the above-named c was authorized by the corpolicity, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi Change Additi Change Additi
SAFETY 11. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. SIGNATURE STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET ADDRESS STR	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig signifure, typed or protect name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 DP	Peri and life if applicable.	B3 B4 City I Statutes, the above-named c e was authorized by the corpolog, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TTE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TTE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TTE 4.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 3.5 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TTE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TTE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TTE 6.1 TIFLE	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi Change Additi
SAFETY 11. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. SIGNATURE STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET ADDRESS STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bightive, typed or privied name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 T THRASHER, IDA 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 DP THRASHER, PAUL	Peri and life if applicable. ND DIRECTORS DELE DELE DELE DELE DELE DELE DELE	B3 B4 City I Statutes, the above-named c e was authorized by the corpo 503, Fiorida Statutes. (NOTE: Registered Agers signature n 13. TE 1.1 TITLE 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP TE 2.1 TITLE 22 NAME 23 STREET ADORESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.1 TITLE 3.3 STREET ADORESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4, CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 3.4, CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP TE 6.1 TITLE 6.2 NAME	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	Change Additi Change Additi Change Additi Change Additi
SAFETY 11. Pursuant t office or re agent. I ar SIGNATURE 12. 12. 12. 11. STREET ADDRESS CITY-ST-ZIP ITLE VAME STREET	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig Bigniture, hyped or priviled name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 DP THRASHER, PAUL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695	Peri and life if applicable. ND DIRECTORS DELE DELE DELE DELE DELE DELE DELE DELE	B3 B4 City Statutes, the above-named c was authorized by the corpolog, Fiorida Statutes. (NOTE: Registered Agent signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP TTE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TTE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP TTE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP STREET ADDRESS 4.4 CITY-ST-ZIP STREET ADDRESS 4.4 CITY-ST-ZIP STREET ADDRESS 5.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaling) DAT ADDITIONS/CHANGES TO OFFICERS /	Change Additi Change Additi Change Additi Change Additi Change Additi Change Additi
SAFETY 11. Pursuant (office or re agent. I ar SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 14	HARBOR FL 34895-4154 In the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig signiture, typed or protect name of registered ag OFFICERS AN T RICHARDSON, MYRON 6429 LOILBEGGAN WAY ELK GROVE CA 95258 T RICHARDSON, SHIRLEY 6429 KILBEGGAN WAY ELK GROVE CA 95258 T ROBERTS, FRANK 1643 ADVIEW ROAD SE PALM BAY FL T THRASHER, CARROLL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 DP THRASHER, PAUL 1355 HARBOR HILL PKY SAFETY HARBOR FL 34695 DP	VD DIRECTORS	B3 B4 City I Statutes, the above-named c e was authorized by the corpo 503, Fiorida Statutes. (NOTE: Registered Agers signature n 13. TTE 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP TTE 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP TTE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP TTE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP TTE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4, CITY-ST-ZIP TTE 5.1 TITLE 5.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP TTE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TTE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP TTE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TTE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	corporation submits this statement for the purpos oration's board of directors. I hereby accept the required when reinstaing) DAT	