FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000005237 (1) DOCUMENT #

FILED Oct 20 1998 8:00 am Secretary of State

| Principal Place of Business Making Address 1360 SW 286H STREET MARAUR PL 33157 1360 SW 286H STREET MARAUR PL 33157 2. Principal Place of Business 2. A FEI NUMBER STANDER 2. Principal Place of Business 2. A FEI NUMBER STANDER 2. Principal Place of Business 2. A FEI NUMBER STANDER 2. Principal Place of Business 2. A FEI NUMBER STANDER 2. A FEI NUMBER STANDERS 3. A FEI NUMBER | THE OPTIMIST CLUB OF NARANJA PRINCETON, INC. | | | | | | 4161 4 1 1116 11264 11116 1264 11111 11112 | |
|--|---|----------------------------------|------------------|------------|-----------------------|---|---|--|
| Principal Place of Business Mailling Address | | | | | | | | |
| NARAMAR FL 31157 US NARAMAR FL 31157 US NARAMAR FL 31157 US A FRINCIPAL FLOOR O'COLUMBER 2 Frincipal Place of Business 21 240 5W 264th Street 28 28 240 5W 264th Street 28 28 28 28 28 28 28 2 | Principal Place of Business Mailing Address | | | | _ | | #11 0 0 (8) 0 (10 0 11 0 0 11 11 1 1 1 1 1 1 1 1 1 | |
| ### Applied For Morthage Applied For App | NARANJA FL 33157 NARANJA FL 3 | | | | | | | |
| ## Principal Place of Business 34 40 SW 26 64 Skrey 28 1240 SW 26 64 Skrey 28 Skrey | us | | US | | | | Applied For | |
| Suito, April SW 266th Strip 48 32/0 SW 266th Strip Str | | | | | | 36-4018725 | | |
| Salto, Apt. #, etc. Substance Substa | | | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| Addition to registered Agent State | | | | Leloth | Street | | Fee Required | |
| Country Coun | | | | | | | | |
| 29 Annual Property Annua | | | | | | | | |
| 9. Name and Address of Current Registered Agent MCKINNON, CHARLES 25453 S.W. 107TH COURT PRINCETON FL 33157 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Portical Statutes, the above-paramed corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered diffice 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 diffice or registered agent, and accept the obligations of, Section 817,0503, Florida Statutes. 8ISINATURE 12. OFFICIERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. TITLE 14. TITLE 15. STITLE 14. TITLE 15. STITLE 14. TITLE 15. STITLE 15. STITLE 16. STITLE 17. ST.2P MIAMI FL 33157 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. INME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. STITLE 15. STITLE 15. STITLE 15. STITLE 15. STITLE 15. STITLE 16. STITLE 17. ST.2P MIAMI FL 33157 17. ST.2P MIAMI FL 33157 18. STITLE 19. DLD 10. DLETE 21. TITLE 22. NAME 23. NAME 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 24. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 25. NAME 25. | 123 Navarya Florida 128 Nagura Flor | | | orido | <u> </u> | | | |
| 9. Name and Address of Current Registered Agent MCKINNON, CHARLES 25453 S.W. 107TH COURT PRINCETON FL 33157 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-parend corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered diffice 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 at sergistered diffice or registered agent, and accept the obligations of, Section 817,0503, Florida Statutes. 816NATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WARE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 13. SIRECT ACCESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRECT ACCESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRECT ACCESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRECT ACCESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRECT ACCESS 13. SI | | | Zip 3316') | - · · · · | 1 | · | | |
| MCKINNON, CHARLES 25493 S.W. 107TH COURT PRINCETON FL 33157 83 64 65 67 68 68 68 68 68 68 68 68 68 | 24 501 | | | 30 10 | we_ | | | |
| 254SS S.W. 107TH COURT PRINCETON FL 33157 Coliv | | 32 Italia dila Addida di Gallane | Hogistelea Agent | 81 | Name | L / IA | red Agent | |
| 25483 S.W. 107TH COURT PRINCETON FL 33157 64 City | MCKINN | ON, CHARLES | | | | N/H | | |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent, or harm familiar with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE Signature, typed or preter name of registered agent and title it applicable. (MOTE Registered Agent algentary recitor) when nametaling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IT IME 1 JAME | | | | | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 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 charaging its 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, or host, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in a manifest with, and accept the obligations of, Section 617.0502, Florida Statutes, for agent, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in a familiar with, and accept the obligations of Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in a familiar with, and accept the obligations. For agent and the supplication of the provision of the receiver of registered agent, or both the provision of the receiver of registered agent and the provision of the provision of the receiver of registered agent and the provision of the provision of the receiver of registered and provision of the provision of the receiver of registered agent and the provision of the provision of | PRINCET | TON FL 33157 | | 83 | | | | |
| 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 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, 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, in a manifest with, and accept the obligations of, Section 617.0502, Florida Statutes, agent, lam a manifest with, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both in the provision of the appointment as registered agent, or both in the provision of the receiver or running and pasts in a corporation of the receiver or running and pasts in a corporation of the receiver or running and pasts in a corporation of the receiver or running and pasts in a corporation of the receiver or running and pasts in a corporation of the receiver or running and pasts in a corporation of the receiver or running and pasts | 1 | | | 84 | City | | les Zin Code | |
| SIGNATURE Signature, typed or printed registered agent and like it applicable. (NOTE Registered Agent Egroupure required when infortating). DATE | | | | | " | | - _ | |
| Signature, Special or perient amuse of ingrassered agreet and time it applicables. ROPTE Registrative required series instinating DATE | 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. | | | | | | | |
| TILE D CLARA POPE DELETE 1.1 TILE Change Addition MAME CLARA POPE 12 MME 1.2 MME 1.3 STREET ADDRESS 13401 SW 266TH STREET 1.3 STREET ADDRESS 13401 SW 266TH STREET 2.3 STREET ADDRESS 13401 SW 266TH STREET 3.3 STREET ADDRESS 3.3 STREE | SIGNATURE | | | | | | | |
| TITLE NAME CLARA POPE 13401 SW 266TH STREET 23 STREET ADDRESS 13401 SW 266TH STREET 1 | 12. | | | | ent signature require | | | |
| 13401 SW 266TH STREET | | | | | | 1,001.10.10,01111.10.00 10 01.10.0110 | | |
| MIAMI FL TITLE D CHARGE MAME HARRIS, SALLIE 13401 SW 266TH STREET GITY-ST-ZP MIAMI FL 33157 TITLE D CLAYTON, ALICE 13401 SW 266TH STREET AUMAE CLAYTON, ALICE 13401 SW 266TH STREET MIAMI FL 33157 TITLE D CLAYTON, ALICE 13401 SW 266TH STREET 33 STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 TITLE ST CHARGE AUMAE STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 TITLE ST DELETE 4.1 TITLE ST CHARGE ADDRESS CITY-ST-ZP MIAMI FL 33157 TITLE D CHARGE Addition Addition Addition Addition Addition DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 TITLE D DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 TITLE D DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZP PRINCETON FL 33157 AUMAE STREET ADDRESS AUMAE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS AUMAE STREET ADDRESS STREET ADDRESS STREET ADDRESS AUMAE AUMAE AUMAE STREET ADDRESS AUMAE AUM | NAME | CLARA POPE | | 1.2 NAME | | | | |
| TITLE NAME HARRIS, SALLIE 13401 SW 266TH STREET 13401 SW 266TH STREET MIAMI FL 33157 DELETE 24 CITY-ST-ZIP MIAMI FL 33157 DELETE 13401 SW 266TH STREET DELETE 13401 SW 266TH STREET NAME CLAYTON, ALICE 13401 SW 266TH STREET 32 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 33 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 4.1 TITLE 1.2 Change Addition Addition NAME EDWARD, FLORINE 1.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L 13401 SW 266TH STREET MIAMI FL 33157 DAVIS, JACQULYN L 13401 SW 266TH STREET DAVIS, JACQULYN L 13401 SW 266TH STREET MIAMI FL 33157 DAVIS, JACQULYN L 13401 SW 266TH STREET JACQULYN L J | STREET ADDRESS | | | 1.3 STREET | T ADDRESS | | | |
| HARRIS, SALLIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE ANAME CLAYTON, ALICE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 4.1 TITLE ST DELETE 4.2 RAME CLAYTON, CHARLES CITY-ST-ZIP MIAMI FL 33157 DELETE 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 4.4 TITLE DAVIS, JACQULYN L STREET ADDRESS STREE | CITY-ST-ZIP | | | 1.4 CITY-5 | ST-ZIP | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE D DELETE J3.1 TITLE AVAME CLAYTON, ALICE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE ST MIAMI FL 33157 TITLE D DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE D AVIS ACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE D DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 S-CITY-ST-ZIP MIAMI FL 33157 TITLE D DELETE S-T TITLE D Change Addition AMAE MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 G-S NAME STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 G-S NAME STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 FRINCETON FL 33157 TITLE D-CHANGE Addition STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 G-S NAME G- | TITLE | | DELETE | 2.1 TITLE | | - | Change Addition | |
| CITY-ST-ZIP MIAMI FL 33157 | NAME | | | 2.2 NAME | | 500000 | | |
| TITLE D DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS 13401 SW 266TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 3.4 CITY-ST-ZIP TITLE ST DELETE 4.1 TITLE DWARD, FLORINE 4.2 NAME STREET ADDRESS 13401 SW 266TH STREET 4.3 STREET ADDRESS 13401 SW 266TH STREET 5.1 TITLE DAVIS, JACQULYN L 5.2 NAME TITLE D Change Addition NAME DAVIS, JACQULYN L 5.2 NAME STREET ADDRESS 13401 SW 266TH STREET 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME DAVIS, JACQULYN L 5.2 NAME STREET ADDRESS 13401 SW 266TH STREET 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NAME MCKINNON, CHARLES 5.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE ADDRESS CITY-ST-ZIP TITLE D | STREET ADDRESS | | | 2.3 STREET | ADDRESS | | 14654 | |
| CLAYTON, ALICE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE ST MAME EDWARD, FLORINE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 4.1 TITLE ST MIAMI FL 33157 TITLE ST MIAMI FL 33157 DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 6.1 TITLE D MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 6.1 TITLE D MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. 1 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 feeling 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 Jupter oats, 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. In made Jupter oats, 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 adopears in made Jupter oats, 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 the my name adopears in | | | | | ST-ZIP | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE ST DELETE ALOTRY-ST-ZIP STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE ALOTRY-ST-ZIP MIAMI FL 33157 LA CITY-ST-ZIP MIAMI FL 33157 LA CITY-ST-ZIP MIAMI FL 33157 LA CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE SI STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE SI STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE SI STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE SI STREET ADDRESS CITY-ST-ZIP MICKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further feel tity 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 lighter oath; that I am an officer or director of the corporation or the receiver or trustee emprowered to execute this report are required by Chapter 617, Florida Statutes: and hat my name appears in | !! | | ☐ DEFELE | | | *****61_25 | 5 Marke 1 - 25 ddition | |
| MIAMI FL 33157 TITLE ST DELETE A1. TITLE ST ADDRESS 13401 SW 266TH STREET 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 4.4 CITY-ST-ZIP TITLE DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 5.4 CITY-ST-ZIP TITLE D DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DELETE 6.1 TITLE D Change Addition NAME MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP THE D THE DAVIS ANAME MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP THE D THE DELETE CHANGE Addition THE DIAM CKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP THE DAVIS ANAME MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP THE D THE DAVIS ANAME MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP THE DAVIS ANAME STREET ADDRESS CI | | 40 404 OUL COOTH STREET | | | | | | |
| TITLE ST DELETE 4.1 TITLE Change Addition NAME EDWARD, FLORINE 4.2 NAME STREET ADDRESS 13401 SW 266TH STREET 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 4.4 CITY-ST-ZIP TITLE D Change Addition NAME DAVIS, JACQULYN L 5.2 NAME STREET ADDRESS 13401 SW 266TH STREET 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 5.4 CITY-ST-ZIP TITLE D Change Addition NAME MCKINNON, CHARLES 6.2 NAME STREET ADDRESS 25453 S.W. 107TH COURT 6.3 STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP 14. 1 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in page or oath; that I am an officer or director of the corporation or the receiver or true seempowered to execute this report as required by Change 1617. Florida Statutes. In further certify that my name appears in | | | | | | | | |
| NAME EDWARD, FLORINE STREET ADDRESS GTY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS GTY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS GTY-ST-ZIP MIAMI FL 33157 SAME STREET ADDRESS GTY-ST-ZIP MITTLE D MCKINNON, CHARLES STREET ADDRESS STREET ADDRESS GTY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP MIAME MCKINNON, CHARLES STREET ADDRESS GTY-ST-ZIP FRINCETON FL 33157 6.4 CITY-ST-ZIP MIAME MCKINNON, CHARLES STREET ADDRESS GTY-ST-ZIP FRINCETON FL 33157 6.4 CITY-ST-ZIP MIAME MCKINNON, CHARLES STREET ADDRESS GTY-ST-ZIP MIAME MCKINNON, CHARLES GEVEN | | | DELETE | | ST-ZIP | | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 SACGULYN L STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 SACGULYN L SACGUL | 1 | | | | | | The originals The Volument | |
| CITY-ST-ZIP MIAMI FL 33157 ### Addition DAVIS, JACQULYN L 52 NAME | [| | | | ADDRESS | | | |
| DAVIS, JACQULYN L STREET ADDRESS CITY-ST-ZIP MIAM! FL 33157 TITLE D MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. 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 feeltify that the information inclicated 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 during an an officer or director of the corporation or the receiver or trustee employment of execute this report as required by Chapter 617, Florida Statutes and that my name appears in | ! I | | | | l | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE D NAME MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. 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 feeltify that the information inclicated on this annual report or supplemental annual report to stupplemental annual report to stupplemental annual report to stupplemental annual report as required by Chapter 617, Florida Statutes and that my signature shall have the same legal effect as if made dupter oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in | | | DELETE | | /1-441 | | Change Addition | |
| CITY-ST-ZIP MIAMI FL 33157 SACITY-ST-ZIP TITLE D MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. 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 feeltify 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 dipose oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in | NAME) | DAVIS, JACQULYN L | | 5.2 NAME | İ | | | |
| CITY-ST-ZIP MIAMI FL 33157 S.4 CITY-ST-ZIP MITLE D MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 6.4 CITY-ST-ZIP 14. 1 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 feeltify that the information inclicated 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 larger or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in | STREET ADDRESS | 13401 SW 266TH STREET | | 5.3 STREET | ADDRESS | | | |
| MCKINNON, CHARLES STREET ADDRESS CITY-ST-ZIP 14. 1 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 sertify 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 upder 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 | . ~ ! | MIAMI FL 33157 | | 5.4 CiTY-S | T-ZIP | | | |
| STREET ADDRESS CITY-ST-ZIP PRINCETON FL 33157 14. 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 feeltify 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 diport oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in | TITLE | - | DELETE | 6.1 TITLE | | | Change Addition | |
| CITY-ST-ZIP PRINCETON FL 33157 14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made index 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 | NAME | | | 6.2 NAME | 1 | | | |
| 14. 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 feltify 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 any 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 mane appears in | STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| 1- I nereoy certify that the information supplied with this filling coes not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further setting 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 ligher or 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 Plots 12 or Plots 13 or Plots 12 or | | | Alata Pilla da | 6.4 CITY-S | T-ZIP | | α | |
| | | | | | | | | |

MARIES F. McKINNON