## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Excit) years and Audienses 130 4TH AVENIES SULTH MARKSONHALE BEACH, FL. 32250  2. Principal Place of Business 130 4TH AVENIES SULTH MARKSONHALE BEACH, FL. 32250  2. Principal Place of Business 130 4TH AVENIES SULTH MARKSONHALE BEACH, FL. 32250  2. Principal Place of Business 130 4TH AVENIES SULTH MARKSONHALE BEACH, FL. 32250  2. Principal Place of Business 130 4TH AVENIES SULTH MARKSONHALE BEACH, FL. 32250  2. Principal Place of Business 2. Principal Place o	DOCUMENT # P040000/8/11					LILED			
SECRETARY OF STATE  TALLAHASSEE, FLORIDA  MARSONMILLE BLOCK, FL. 32250  2. Phroposal Place of Business 304 FM NEWES SOUTH  MARSONMILLE BLOCK, FL. 32250  3. Phroposal Place of Business 3.					05 NO	V -8 A	計11:41	ţ	
ARKSONVILLE BEACH, FL 3250  ARKGONVILLE BEACH, FL 3250  ARKGONVILLE BEACH, FL 3250  ARKGONVILLE BEACH, FL 3250  ARKGONVILLE BEACH, FL 3250  COUNTY  ARKGONVILLE BEACH ARKGONVI				100					
ARRISONVILLE BEACH, FL 3250  ARRICONVILLE BEACH, FL 3250  ARRICONVILLE BEACH, FL 3250  ARRICONVILLE BEACH, FL 3250  County  Pa Some Apile #, etc.  Submary Address  A FEINUmber 74 - 312 17 144  A PRINCIPLE FOR County  Pa Some Apile # (County)  A FEINUmber 74 - 312 17 144  A PEINUmber 74 - 312 144  A	Principal Place of Business Mailing Address					TALLAN.	AGCEU r AGCEU r	STATE	
Sum Apt. #. etc.  Sum Apt. # etc.  A FEI Number 744 - 312 17144   Applied For International Page Regulated Agent  Sum Andreas of New Registered Agent  Name STEPHEN A . Hould  Super Address (P.D. Son Number is Not Acceptable)  Super Address (P.D						1 848 E 841 13	400EE, F	LORIDA	
Sum Apt. #. etc.  Sum Apt. #. etc.  Sum Apt. # etc.  Etc.  Sum Apt. # etc.  Sum Apt. # etc.  Sum Apt. # etc.  Sum Address of Example in Status Desired Status Desired Fee Required			Lo Marina Adda						
Super-Country   Same   Specific   State   Specific   S	920 THIRE			STREET		11911    1111    12111    1	881 8 <b>8</b> 10 1 <b>4 16</b> 1 18		1881 H 1881
September   Sept	Suit		Suite D	wite D				· .	aliad For
CHALLMAN_FOSTER_I IV 30.45H+AP-MENTER*SOUTH JAGKSONVILLE BEACH, FL 32250  8. The above named entity submits bits statement to the purpose of changing its registered office or registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise. I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise of Porise and I am familiar with, and accept the chigations of registered agent, or both, in the State of Porise of Poris	<u> </u>		MEPTUNE DE		4. FEI NUMBER	<u> 74-312</u>		<b>∮</b> No	t Applicable
Name   STEPHEN A   Hould	Zip 	Country	<sup>zip</sup> 32266	Country				Fee Require	
SIGNATURE  CILLLUM, FOSTER IV  130.4TH-AYENDES SOUTH  JACKSONVILLE BEACH, FL 32250  Street Address (P.O. Box Number is Not Acceptable)  140.4TH-AYENDES SOUTH  JACKSONVILLE BEACH, FL 32250  STEPHEN A. HOULD  10 31 2065  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  FILE NOWINI FEE 18 \$150.00  9. Election Committee Information appeal with the state of requirement appeal and the req	<u></u>	6. Name and Address of Current	Registered Agent	Name /		idress of New	Registered /	\gent	
STEEF ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE MAKE SITER ADDRESS TO PETERS AND DIRECTORS IN THE M	CHILIHAM	L-FOSTER_J IV	NAME STEPHEN A. HOULD						
### STREET, SUITED  ON NETTUNE STREET, SUITED  ON NETTUNE STREET, SUITED  ON NETTUNE BEACH FL ### STREET, SUITED  ON NETTUNE BEACH FL ### STREET, SUITED  ON NETTUNE BEACH FL ### STREET, SUITED  NOTE: Indigener Apart significant again, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered again.  SIGNATURE  PLE NOWIII FREE IS \$150.00  9. Election Campaign Financing Trust Fund Contribution.  SIGNATURE  PLE NOWIII FREE IS \$150.00  9. Election Campaign Financing Trust Fund Contribution.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS IN 1  III.  NACE SIGNATURE  OCTIVISTOR  SIGNATURE  OCTIVISTOR  SIGNATURE  OCTIVISTOR  SIGNATURE  OCTIVISTOR  SIGNATURE  OCTIVISTOR  SIGNATURE  OCTIVISTOR  OCTIVIS	130-4TH AVENUE SOUTH			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florids. I am familiar with, and accept the college of Florids and accept the college of Florids agent, or both, in the State of Florids. I am familiar with, and accept the college of Florids	JA <del>DAGONVILLE BEACH,</del> FL 32250			920	THIRD 5	TREET,	Suit	E D	
The collipations of registering agent.    SIGNATURE   SURPLEM   STEEPHEN   ST	_		1116						
SIGNATURE    Symbol			or the purpose of changing its re	egistered office or reg	istered agent, or both, i	in the State of F	Florida. I am i	lamiliar with,	and accept
FILE NOWIII FEE IS \$150.00  Due by September 16, 2005  0. Election Campaign Financing Trust Fund Contribution.	the colligat	tions of registered agent.	Zhun STEPH	IENI A.	HOLLD		10/3	17005	-
Due by September 16, 2005  Trust Fund Contribution.  Added to Fees   Corporation did not receive the prior notice.  Trust Fund Contribution.  Added to Fees   Corporation did not receive the prior notice.  TITLE   P	SIGNATURE.	Signature, typed or printed name of registered agent	X I · · · ·		1 1		DATE	1 200 2	
Due by September 16, 2005  Trust Fund Contribution.  Added to Fees   Corporation did not receive the prior notice.  Trust Fund Contribution.  Defice   Added to Fees   Corporation did not receive the prior notice.  Time   P	· · · · · · · · · · · · · · · · · · ·		9 Floation Compain	n Financiaa	¢5 00			402(0)(b)	F 0 4b-
TITLE NAME SITERET ADDRESS CITY-ST-2IP TITLE NAME NAME SITERET ADDRESS CITY-					Added to Fees C	corporation di	d not receiv	e the prior (	notice.
NAME SITERT ADDRESS CITY-ST-2P  TITLE NAME NAME CULLUM, FOSTER IV SITERT ADDRESS SITERT ADDRESS CITY-ST-2P  TITLE NAME SITERT ADDRESS CITY-ST-2P		<del></del>				ANGES TO OF	FFICERS AND		
SITRET ADDRESS CITY-ST-2P  ACKSONVILLE BEACH, FL 32250  TITLE NAME CULLUM, FOSTER IV 130 4TH AVENUE-SOUTH CITY-ST-2P  CITY-ST-2P  Addition NAME SITRET ADDRESS CITY-ST-2P  TITLE NAME SITRET ADDRESS CITY-ST-2P  CHANGE SITRET ADDRESS CITY-ST		i -	L Delete		/ 3 WYD (			R. Cusude	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DEVELOPMENT STREET ADDRESS CITY-ST-ZIP TITLE DEVELOPMENT STREET ADDRESS CITY-ST-ZIP TITLE DEVELOPMENT STREET ADDRESS CITY-ST-ZIP DEVELOPME		1		STREET ADDRESS					
NAME STREET ADDRESS CITY-SI-ZIP    NAME   STREET ADDRESS	CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP JACKGONVILLE BEACH, FL 32250  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delet		l '	☐ Deleta					Change	Addition
CITY-SI-ZIP    Debta   TITLE   Debta   TITLE   Debta   TITLE   Debta   TITLE   Debta		•							
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITL			250	CITY-SI-ZIP					
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITL	TITLE		☐ Delets	TITLE	SDI	0061	2619	Charge	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITL					11/08/	050101	2005	**150	. 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if  SIGNATURE:  SIGNATURE:  BONATURE AND TYPED OR PRINCED MAME OF BIOMING OFFICER OR DIRECTOR  Date  Daymer Phone #									• ***
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE	<del></del>			☐ Change	Addition
CITY-SI-ZIP  ITILE NAME STREET ADDRESS CITY-SI-ZIP  12. 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 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 607, 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 ampowered.  SIGNATURE:  BIGNATURE AND TYPED OA PRINCED NAME OF SIGNING OFFICER DA DIRECTOR  Date  Dayton Phone #	NAME			NAME					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ther like appropried.  SIGNATURE:  BIGNATURE Addition  Dayen Phone F  Date  Dayen Phone F	CERTAIN ADDOCCO								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with un address, with all their like ampowered.  SIGNATURE:    SIGNATURE   Dayon Phone   Dayon				STREET ADDRESS					
CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like appropried.  SIGNATURE:    SIGNATURE   Date   Dayme Phone #	CITY-ST-ZIP		☐ Palera	STREET ADDRESS CITY-ST-ZIP			_	☐ Channe	☐ Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP  12. 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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, writt all their like appropried.  SIGNATURE:    SIGNATURE   Date   Dayme Phone #	CITY-ST-ZIP		☐ Delete ·	STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with un address, with all their like empowered.  SIGNATURE:    SIGNATURE	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		☐ Delete ·	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP  12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all their like empowered.  SIGNATURE:    SIGNATURE	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 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 607, 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 ampowered.  SIGNATURE:	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			STREET ADDRESS CITY-ST-ZIP  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  ITTLE					
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 607, 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.  SIGNATURE:	CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME			STREET ADDRESS CITY-SI-ZIP  ITILE NAME STREET ADDRESS CITY-SI-ZIP  ITILE NAME					
SIGNATURE:    SIGNATURE AND TYPED OF PRINCED HAME OF SIGNING OFFICER OF DIRECTOR   Date   Dayling Phone #	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
BIGNATURE AND TYPED OR PRINCED HAME OF SKINING OFFICER OR DIRECTOR Date Daysing Phone #	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicatee of the co	d on this report or supplemental report in progration or the receiver or trustee emp	Deleta  th this filing does not qualify for is true and accurate and that movered to execute this report.	STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE  NAME STREET ADDRESS CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	the came lengt attact a	is it made linds	er nath: that i:	Change	Addition
	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby indicatee of the co	d on this report or supplemental report in progration or the receiver or trustee emp	Deleta  th this filing does not qualify for is true and accurate and that movered to execute this report.	STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE  NAME STREET ADDRESS CITY-ST-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	the same legal effect a r 607, Florida Statutes;	is if made unde and that my na	er oath; that i ame appears i	Change tify that the is am an officer in Block 10 o	Addition  Information or director r Block 11 if
	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the co changed	d on this report or supplemental report reporation or the receiver or trustee empty, or on an attachment with an address.	th this filing does not qualify for is true and accurate and that movement to execute this report a with all other like empowered.	STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  the exemption stated as including the state of the stat	the same legal effect a r 607, Florida Statutes;	is if made unde and that my na	er oath; that it	Change tify that the isam an officer n Block 10 o	Addition  Information or director r Block 11 if

T. lewis 1/8/05