PROFIT' CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P07117

TAMPA BULK SERVICES, INC.

	111.					 	8(8)(B18() 188)	
Principal Plac	ce of Business	Mailing Address						
6101 PT TAMP	PA DR	PO BOX 19248						
TAMPA FL 336	516	TAMPA FL 33686						
US	V	US				RITE IN THIS SPACE		
					3. Date Incorporated or Qualifed			
					08/15/1985			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	7:
21		26			59-2569814	N	ot Applicable	7
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional	71
22	The state of the s	27			5. Certificate of Status Desired	Fee R	equired	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	. "	28			Trust Fund Contribution		to Fees	
Zip	. Country	Zip	Cou	intry	8. This corporation owes the cur			•
_	25	29	30	,	Personal Property Tax.	Trent year intangible ☐ Yes	ÜNo	
24	9. Name and Address of Current	. 1	30		10. Name and Address of New			
· · · · · · · · · · · · · · · · · · ·	5. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New	Itegistered Agent		
LIMIT	TED STATES CORPORATION COM	MDANY		Name				
7070400	1 HAYS STREET	7H C3[1]		82 Street Addr	ress (P.O. Box Number is Not Accep	table)		
					The second secon		44, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	
	TE: 105			83		. 劉國·德勒·德國		
TAL	LAHASSEE FL 32301			04 07		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code""	
	The State of the S			84 City		F1 85 Zlp	Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607:1508. Florida Statu	tes, the a	bove-named com	poration submits this statement for the	e ourpose of changing its	s registered	
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was	authorized	by the corporation	on's board of directors. I hereby acce	ept the appointment as re	egistered	
୍ୟର agent. La	am familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Stati	utes				
			•	4100 .				
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered		ed when reinstating)	DATE		á
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12	1,08)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating)	DATE		(11/08)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER	and title if applicable. (NOTI	E: Registered	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12	13////11/08)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered egent OFFICERS AND BAUMGARTEN, HANS-PETER	and title if applicable. (NOTI	E: Registered 13. 1.1 TI 1.2 N/	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12	E03/7/1/08)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER	and title if applicable. (NOTI	E: Registered 13. 1.1 TI 1.2 N/ 1.3 ST	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12	D2E03///1/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE	and title if applicable. (NOTI	E: Registered 13. 1.1 TI 1.2 N/ 1.3 ST	Agent signature require TLE AME TREET ADDRESS TY-ST-ZIP	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	ORS IN 12	CP2E034 (11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD	and title if applicable. (NOTI D DIRECTORS	E: Registered 13. 1.1 Π 1.2 N 1.3 SI 1.4 CI	Agent signature require TLE AME TREET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CR2E034 (11)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS	and title if applicable. (NOTI D DIRECTORS	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N	TLE AME TREET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CB2E034 744 (08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE	and title if applicable. (NOTI D DIRECTORS	E: Registered 13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CB2E0347/11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN	and title if applicable. (NOTI	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 π 2.2 N 2.3 S1 2.4 C	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CB2E034//11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN	and title if applicable. (NOTI	E: Registered 13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CB0E034 741/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE	and title if applicable. (NOTI	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CR2E034/74708)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR	and title if applicable. (NOTI	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition	CB2E034 (11)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TÄMPA FL	and title if applicable. (NOTI) D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 C7 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N 3.3 S1	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition Addition	CB2E034 (44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR	and title if applicable. (NOTI	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 C7 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N 3.3 S1	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition Addition	CB0E034774108)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TÄMPA FL	and title if applicable. (NOTI) D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC	Agent signature require TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition Addition	CROED34 (44)08)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TÄMPA FL V WEBER, RONALD 6101 PORT TAMPA DR	and title if applicable. (NOTI) D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 Π 12 N 1.3 SI 1.4 CI 2.1 Π 22 N 23 SI 2.4 C 3.1 Π 3.2 N 3.3 SI 3.4 CI 4.1 Π 4.2 N 4.3 SI	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition Addition	CB2E034 744 708)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VFADER, JANICE 6101 PORT TAMPA DR TAMPA FL V WEBER, RONALD 6101 PORT TAMPA DR TAMPA FL	D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 Π 12 N 1.3 SI 1.4 CI 2.1 Π 2.2 N 2.3 SI 2.4 C 3.1 Π 3.2 N 3.3 SI 3.4 CI 4.1 Π 4.2 N 4.3 SI 4.4 CI	Agent signature require TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS ITY-ST-ZIP TILE MME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition	CB9E03/7/11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TAMPA FL V WEBER, RONALD 6101 PORT TAMPA DR TAMPA FL D	and title if applicable. (NOTI) D DIRECTORS DELETE DELETE	E: Registered 13. 1.1 Π 12 N 1.3 SI 1.4 Cf 2.1 Π 2.2 N 2.3 SI 2.4 C 3.1 Π 3.2 N 3.3 SI 3.4 Cf 4.1 Π 4.2 N 4.3 SI 4.4 Cf 5.1 Π	Agent signature require TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS ITY-ST-ZIP TILE MME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TILE	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change	ORS IN 12 Addition Addition	CB9E034774708)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TAMPA FL V WEBER, RONALD 6101 PORT TAMPA DR TAMPA FL D STEPHAN, JUERGEN	D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N 3.3 S1 3.4 CI 4.1 Π 4.2 N 4.3 S1 4.4 CI 5.1 Π 5.2 N	Agent signature require TILE MME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition	CR9Ena/(/1/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D BAUMGARTEN, HANS-PETER 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN VTD HINKEL, JEAN-DENIS 8300 NORMAN CENTER DRIVE MINNEAPOLIS MN V FADER, JANICE 6101 PORT TAMPA DR TAMPA FL V WEBER, RONALD 6101 PORT TAMPA DR TAMPA FL D STEPHAN, JUERGEN 2000 HAMBURG	D DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 CI 4.1 TI 4.2 N, 4.3 ST 4.4 CI 5.1 TIT 5.2 NV 5.3 ST	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS ITY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition	CB0E03/7/1/08)
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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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90044 006 ***150.00