FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13424 (7)

1. Corporate Name

TECKEL, INC.

Principal Place of Business	Mailing Address
1209 ORANGE STREET WILMINGTON DE 19801	1209 ORANGE STREET WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3366171	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has assets for intangible tax under s. 199.052, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / (27)
City & State (23) / (28)
Zip (24) / County (25) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TYPE	P	TYPE	☐ Change ☐ Addition
NAME	WENTZ, HOWARD B.	NAME	
STREET ADDRESS	555 LONG WHARF DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	CITY-ST-ZIP	
TYPE	S	TYPE	☐ Change ☐ Addition
NAME	JONES, KENNETH J.	NAME	
STREET ADDRESS	555 LONG WHARF DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	CITY-ST-ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	CHESLEY, ROGER D.	NAME	
STREET ADDRESS	555 LONG WHARF DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	CITY-ST-ZIP	
TYPE	V	TYPE	☐ Change ☐ Addition
NAME	HOFFMANN, RICHARD L.	NAME	
STREET ADDRESS	555 LONG WHARF DR	STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I further certify that the information supplied with this report is true and accurate and that my signature shall be effective for purposes of this report when filed with the Department of State. I am a director or officer 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 above or on an attachment with an address.

SIGNATURE: [signature] 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

203-777-2274 — Daytime Phone #

0008224 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15385** **(8)**

1. Corporation Name

TRIANGLE HOME PRODUCTS, INC.

Principal Place of Business	Mailing Address
945 E. 93RD STREET CHICAGO IL 60619	945 E. 93RD STREET CHICAGO IL 60619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/29/1987	04/20/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-2325649	Applied For Not Applicable
State, Apt. # or P.O. 22	State, Apt. # or P.O. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	County 25	Zip 29	County 30

8. This corporation has initially filed or changed its address under s. 608.501 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1005 and 607.1505 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 607.325, Florida Statutes.

SIGNATURE: (Signature of appointed registered agent, if changing) (If the Registered Agent is a corporation, the signature must be that of an officer) (Date)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
1 Title	D	1 Title	D ☒ Change ☐ Addition
2 Name	HERMAN, ARTHUR	2 Name	
3 Street Address	945 E. 93RD STREET	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	
1 Title	CPD	1 Title	CPD ☒ Change ☐ Addition
2 Name	HERMAN, STEVEN N.	2 Name	
3 Street Address	945 E. 93RD STREET	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	
1 Title	S	1 Title	☐ Change ☐ Addition
2 Name	SOSIN, SIDNEY	2 Name	
3 Street Address	180 N. LASALLE STREET	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	
1 Title	S	1 Title	☐ Change ☐ Addition
2 Name	WOLF, KENNETH E.	2 Name	
3 Street Address	945 E. 93RD STREET	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	
1 Title	V	1 Title	☐ Change ☐ Addition
2 Name	BOLOTIN, EUGENE R.	2 Name	
3 Street Address	945 E. 93RD STREET	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	
1 Title	D	1 Title	☐ Change ☐ Addition
2 Name	BERGER, MARVIN	2 Name	
3 Street Address	945 E 93RD ST	3 Street Address	
4 City-St-Zip	CHICAGO IL	4 City-St-Zip	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 added to the report.

SIGNATURE: Kenneth E Wolf Kenneth E Wolf 4/19/95 312-321-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0480442 FP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **P15389** **(0)**

1. Entity Name

JMB PROPERTY MANAGERS, INC. OF ILLINOIS

Principal Office Address	Mailing Address
900 NORTH MICHIGAN AVENUE SUITE 2000 CHICAGO IL 60611-8575	900 NORTH MICHIGAN AVENUE SUITE 2000 CHICAGO IL 60611-8575

PLEASE WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **07/29/1987**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **36-3349723** (Applied For / Not Applicable)
21 **900 N. Michigan Avenue**	26 **900 N. Michigan Avenue**	
Suite/Apt. # 22 **Suite 1200**	Suite/Apt. # 27 **Suite 1200**	5. Certificate of Status (optional) ☐ **$8.75** Additional Fee Required
City/State 23 **Chicago, IL**	City/State 28 **Chicago, IL**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 **60611-1575** 25	Zip 29 **60611-1575** 30	8. Do corporate records, as provided in s. 607.0505, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is NOT Acceptable)
83
84 City **FL** 85 Zip Code

11. Each corporation organized pursuant to the Florida Statutes, and each foreign corporation authorized to transact business in Florida, is required to file, within the time prescribed by law, a sworn annual report on forms furnished by the Department of State. Failure to file the report will subject the corporation to a penalty. Please print or type.

12.		13.	
	ASD KOGEN, HOWARD 900 N. MICHIGAN AVE. CHICAGO IL	T/V/AS/D	☐ Delete ☒ Add
	PD BERGSTROM, KELLEY A. 900 N. MICHIGAN AVE. CHICAGO IL	60611-1575	☐ Delete ☐ Add
	SVP O'BRIEN, JAMES G 900 N. MICHIGAN AVE. CHICAGO IL	SVP David T. Hejna 900 N. Michigan Avenue Chicago, IL 60611-1575	☒ Delete ☐ Add
	VCS ~~TOBIASZ, LEN M.~~ 900 N. MICHIGAN AVE. CHICAGO IL	please delete this officer	☒ Delete ☐ Add
	AVS YATES, KEVIN B. 900 N. MICHIGAN AVE. CHICAGO IL	60611-1575	☐ Delete ☐ Add
	AS NIELSEN, PAUL C. 900 N. MICHIGAN AVE. CHICAGO IL	AS/SC 60611-1575	☐ Delete ☒ Add

14. I hereby certify that the information supplied with this report is true and accurate as of the date of this report. I further certify 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 above or on an attachment with an asterisk.

SIGNATURE: *Kevin B. Yates* **Kevin B. Yates** **4-27-95** **(312)915-1936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0365580 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED

95 M... 17

T... FLORIDA

DOCUMENT # **P16517** **(5)**

1. Corporate Name
SCS/COMPUTE, INC.

Principal Place of Business	Mailing Address
12444 POWERSCOURT DR., STE. 400 ST. LOUIS MO 63131	12444 POWERSCOURT DR., STE. 400 ST. LOUIS MO 63131

DO NOT WRITE IN THIS SPACE

3. Date In Last Qualified or Qualified: **10/23/1987**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **43-1228297**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has taxable tangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

21	26
22 Suite, Apt. #	27 Suite, Apt. #
23 City, State	28 City, State
24 Zip	25 County	29 Zip	30 County

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 607.0505, Florida Statutes.

SIGNATURE(S)
Typed or Printed Name of Registered Agent and Title of Officer if Applicable — Registered Agent Signature — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	NOLAN, ROBERT W.	NAME	
STREET ADDRESS	12444 POWERSCOURT DR.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	CITY-ST-ZIP	
TITLE	TS	TITLE	☐ Change ☐ Addition
NAME	WILSON, CHARLES G.	NAME	
STREET ADDRESS	12444 POWERSCOURT DR.	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	NOLAN, ROBERT W. JR	NAME	
STREET ADDRESS	12444 POWERSCOURT DRIVE,STE 400	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CHLEBOWSKI, ROBERT W.	NAME	
STREET ADDRESS	16144 WESTWOODS BUSINESS PARK	STREET ADDRESS	
CITY-ST-ZIP	ELLISVILLE MO	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	JARETT, IRWIN M	NAME	
STREET ADDRESS	720 S DEARBORN STE 1205	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report is true, and that each individual identified in Section 607.0502(2)(b), Florida Statutes, if applicable, has consented to be named as a director. I/We further certify that the corporation has complied with the applicable provisions of Section 607.0502, Florida Statutes. I/We also certify that I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Charles G. Wilson, Treasurer 314 966 1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0488011 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **P16545** **(6)**

1. Corporation Name:
WALK, HAYDEL & ASSOCIATES, INC.

Principal Place of Business:
600 CARONDELET STREET
NEW ORLEANS LA 70130-3587

Mailing Address:
600 CARONDELET STREET
NEW ORLEANS LA 70130-3587

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/26/1987**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business 21:
Suite, Apt. # 22:
City & State 23:

2a. Mailing Address 26:
Suite, Apt. # 27:
City & State 28:

4. FEI Number: **72-0604461** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. The corporation has liability for intangible tax pursuant to 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARK, DAVID C.
625 TWIGGS STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section [illegible], 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR TYPES		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TYPE	CD	TYPE	D ☒ Change ☐ Addition
NAME	WALK, FRANK H.	NAME	
STREET ADDRESS	1579 HENRY CLAY AVE.	STREET ADDRESS	
CITY ST ZIP	NEW ORLEANS LA	CITY ST ZIP	
TYPE	CD	TYPE	D ☒ Change ☐ Addition
NAME	HAYDEL, GERALD M.	NAME	
STREET ADDRESS	255 MIDWAY DR.	STREET ADDRESS	
CITY ST ZIP	RIVER RIDGE LA	CITY ST ZIP	
TYPE	SD	TYPE	C/D ☐ Change ☒ Addition
NAME	WALK, CONSUELO F.	NAME	Arthur C. Darrow
STREET ADDRESS	1579 HENRY CLAY AVE.	STREET ADDRESS	911 Wilshire Blvd.,Suite 700
CITY ST ZIP	NEW ORLEANS LA	CITY ST ZIP	Los Angeles, CA 90017
TYPE	TD	TYPE	P ☐ Change ☒ Addition
NAME	HAYDEL, AGATHA M.	NAME	Peter R. Quirk
STREET ADDRESS	255 MIDWAY DR.	STREET ADDRESS	600 Carondelet Street
CITY ST ZIP	RIVER RIDGE LA	CITY ST ZIP	New Orleans, LA 70130
TYPE	ST	TYPE	☐ Change ☐ Addition
NAME	MORRIS, DONNA R.	NAME	
STREET ADDRESS	5 RICHLAND CT.	STREET ADDRESS	
CITY ST ZIP	METAIRIE LA	CITY ST ZIP	
TYPE		TYPE	D ☐ Change ☒ Addition
NAME		NAME	Henry Klehn, Jr.
STREET ADDRESS		STREET ADDRESS	911 Wilshire Blvd.,Suite 700
CITY ST ZIP		CITY ST ZIP	Los Angeles, CA 90017

14. I hereby certify that the information supplied with this report is accurately furnished and 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 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 with an asterisk (*), or on an attachment with an asterisk.

SIGNATURE: Donna R. Morris — Donna R. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 Date **(504)586-8111** Daytime Phone #

0472016 FP

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P17393 (0)

1. Corporate Name

DETTMERS INDUSTRIES INC.

Principal Place of Business	Mailing Address
3081 SE SLATER ST STUART FL 34997	3081 SE SLATER ST STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0014765** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRIEDLAND, PHILIP H, CPA PA
1499 W PALMETTO PARK RD
STE 416
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1-1 TITLE	☐ Change ☒ Addition
NAME	DETTMERS, MICHAEL V.	1-2 NAME	
STREET ADDRESS	P O BOX 1278	1-3 STREET ADDRESS	
CITY-ST-ZIP	PORT SALERNO FL	1-4 CITY-ST-ZIP	34992-1278
TITLE	VD	2-1 TITLE	☐ Change ☒ Addition
NAME	DETTMERS, PETER R.	2-2 NAME	
STREET ADDRESS	16242-126TH TERRACE N.	2-3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2-4 CITY-ST-ZIP	33478
TITLE	STD	3-1 TITLE	☐ Change ☒ Addition
NAME	PERL, ANDREW A.	3-2 NAME	
STREET ADDRESS	2208 SW RANCH TRAIL	3-3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3-4 CITY-ST-ZIP	34997
TITLE		4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE		5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE		6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		6-4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Andrew Perl Andrew Perl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 Date
407-288-9960 Daytime Phone #

0381850 CP