COULMENT # P93000000910 03-17-2008 90026 036 ****150:00 Series Name DHINA PALACE INN, INC. Solie BISCAYNE BLVD. MARK, FL 33138 Solie BISCAYNE BLVD. MARK, FL 33138 - Frincipal Place of Business - No P.O. Box # Solie BISCAYNE BLVD. MARK, FL 33138 Solie BISCAYNE BLVD. MARK, FL 33138 - Frincipal Place of Business - No P.O. Box # Solie Add. # strc. Solie Add. # strc. - Solie Add. # strc. Solie Add. # strc. Solie Add. # strc. - Cov 4 Sam Clark Same 4. RE Numere Based Address of Current Registered Agent - Cov 4 Sam Clark Same Clark Same - Cov 1000 K Solie Add. # strc. Solie Add. # strc. - Cov 4 Same Clark Same - RE Numere Based Address of New Registered Agent - Cov 5 Same - Restaured - Name and Address of Current Registered Agent - Cov 5 Same - Restaured to the purpoole of changing is registered agent, or boot, in the Sate of Porida: Lambartier with, end of address of New Registered Agent - The address named chritery states of the purpoole of changing is registered agent, or boot, in the Sate of Porida: Lambartier with, end of the famp 1, 2000 Foo will be SSSD.00 Name Strep Address is strep control web of the purpoole of changing is registered agent, or boot, in the Sate of Porida: Lambartier with, end of the famp 1, for	OCUMENT # P93000000910 03-17-2008 90026 036 ***150.00 Binyharae HINA PALACE INN, INC. Image: Comparison of the provide of t		L REPORT	TION	FILED Mar 17, 2008 8:00 a Secretary of State
BODT BISCAVNE BLVD. MMAR, FL 33138 SODI BISCAVNE BLVD. MMAR, FL 33138 SODI BISCAVNE BLVD. MMAR, FL 33138 2. Prince gui Place of Businese: Solie, ApL #, etc. Solie, ApL #, etc. O1152008 Chg-P CR26034 (12/06) 2. Weith & State Oily & State Image and Address of Current Registered Agent Image and Address of New Registered Agent Image address of New Regist	DI BECATKE BLYD. BOOI BESCATIE BLYD. MM. FL 33138 MMM, FL 33138 Principal Place of Businese - No P.O. Box # 1. Making Accrease Sale. Apt. #. atc. Sale. Apt. #. atc. Sale. Apt. #. atc. Sale. Apt. #. atc. Ch. A State Ot y & Sale. Ch. A State Ot y & Sale. Ch. Amme and Address of Current Registered Agent T. Name and Address of New Registered Agent A. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent NO, QUOCK Y Stelle Actives (P.O. Box Number is Nor Acceptable) DI BISCATNE BLYD. Stelle Actives (P.O. Box Number is Nor Acceptable) MAIL FL 33138 Stelle Actives (P.O. Box Number is Nor Acceptable) The obsort and stelleres of Current Registered Agent Namo The obsort and the stellered for the purpose of changing its registered agent, or both, is the State of Rorda. It an termler with, and acceptable for the obligations of registered agent. The About on the stelleres of Dormality Francing State Actives (P.O. Box Number is Nor Acceptable) Anther Marky 1, 2008 free with be State.00 P. Beckin Compatible Francing State Actives (P.O. Active Acti	DOCUMENT # P9300000 1. Entity Name CHINA PALACE INN, INC.	0910		03-17-2008 90026 036 ***150.00
Suite, Apt. Y, NC. Suite, Apt. Y, NC. O1152008 Chy P CR26034 (12/66) Chy & State City & State 4. FE Number 65-0375610 Applied Ist Applied 65-0375610 20 Country 5. Conflicte of Status Desired Tell Str. Addetion Status Desired Tell 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent TAO, QUOC K South Bick Y NE BLVD. MARM. FL 33138 Status Desired Tell Status Desired Agent TAO, QUOC K South Bick Y NE BLVD. Marm Status Desired Agent Status Desired Agent Status Desired Agent	Suite, Apti. 4, str.c. Suite, Apti. 4, str.c. D1152008 Chg.P CR2E034 (12/06) City & State City & State City & State Applied For 65-0375510 Applied For 65-0375510 City & State Country Scheinbarte of States Diserted State For 65-0375510 Applied For 65-0375510 Image: Country Scheinbarte of States Diserted State For 65-0375510 State For 65-0375510 State For 65-0375510 Image: Country Scheinbarte of States Of New Kepitsered Agent Name and Address of New Kepitsered Agent NO, OUOC K ON BUSCAYNE BLVD. Ital States of Protoces Name and Address of New Kepitsered Agent NO, OUOC K ON BUSCAYNE BLVD. Ital States of Protoces States Address of New Kepitsered Agent SMTURE States Address of New Kepitsered International Agent	8001 BISCAYNE BLVD.	8001 BISCAYNE BLVI	D.	- 40041202
City & State State State State State State City & State C	City & Sale City & State U150005 City P City City P City & Sale City & State 4. FEI Number 65-0375610 Polyade for For Required 20	2. Principal Place of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	
20 -Country 2.9 Country \$. Cartificate of Status Desired *** \$\$. Status Desired *** \$\$\$. Status Desired *** \$\$. Status Desired *** </td <td>26 </td> <td>Suite, Apt. #, etc.</td> <td>Suite, Apt. #, etc.</td> <td>:</td> <td> 01152008 Chg-P CR2E034 (12/06)</td>	26	Suite, Apt. #, etc.	Suite, Apt. #, etc.	:	 01152008 Chg-P CR2E034 (12/06)
20 -Country Zp==== Country 5. Carlificate of Status Desired T \$8:75 Addation 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent TAO, QUOC K Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) WIAMI, FL 33133 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent. City FL_ Zp Code Street Address (P.O. Box Number is Not Acceptable) Other explored agent. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Other explored agent. City FL_ Street Address (P.O. Box Number is Not Acceptable) Other explored agent. Other explored agent. City Street Address (P.O. Box Number is Not Acceptable) With the obligations of registered agent. Other explored agent. City FL_ Street Address (P.O. Box Number is Not Acceptable) With Explored agent. Other explored agent. The Magent agent and the explored agent. Street Address (P.O. Box Number is Not Acceptable) Prest Street Agent agent and the explored agent. Other explored agent. The Explor	Country C	City & State	City & State	······	
		-Zip Country	Zip	Country	5 Certificate of Status Desired 5 S8:75 Additional
TAO, QUOC K 8001 BISCAYNE BLVD. MIAMI, FL 33138	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code The above named entity submits this statement to the purpose of changing its registered difice or registered agent, or both, in the State of Porda Tem familiar with, and accepte to be compared agent and the resolutions of registered agent. SNATURE	6. Name and Address of Curre	nt Registered Agent	<u> </u>	Fee Required
3001 BISCAYNE BLVD. Streef Address (P.O. Box Number is Not Adddeptable) City FL Zip Code At the obligation of registered agent. City FL Zip Code Streef Address (P.O. Box Number is Not Adddeptable) City FL Zip Code At the obligation of registered agent. Tend Environment of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and the obligation of registered agent. Date Signature regenered agent. State interview regenered when remained to the purpose of changing in Financing in Trust Fund Contribution. State interview regenered when remained when remained interview regenered when remained whe	DOI BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and accepter to registered agent. Date SNATURE			Name	
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ploride. Tam familiar with, and the obligations of registered agent. GRATURE genual, funded or primed name of impaired agent and their apokade (MOE: Registered Agent agent are non-online) Date P. Election Campaign Financing S5.00 May Be Added to Fees Added to Fees TAO, OUOC K Y TAO, OUOC K Y MARE Date Difference D	City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accepted by a constraint of registered agent. Other state of Florida. Tam familiar with, and accepted by a constraint of registered agent. SNATURE The above named entity submits this statement for the purpose of changing is registered agent. or both, in the State of Florida. Tam familiar with, and accepted for registered agent. Other state of Florida. Tam familiar with, and accepted for registered agent. Other state of Florida. Tam familiar with, and accepted for registered agent. Other state of Florida. Tam familiar with, and accepted for registered agent. Other state of Florida. Tam familiar with, and accepted for registered agent. Date SNATURE The constraints 0. Election Campaign Financing SS.00 May Be Date Date After May 1, 2008 Fee with be \$555.00 0. Election Campaign Financing SS.00 May Be Date <	3001 BISCAYNE BLVD.		Street Address	s (P.O. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. Tam familiar with, and the obligations of registered agent. SIGNATURE Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or proted name of registered agent and the flapple.cbb Signature, nond or protect name of registered agent, nond name nametaling) Date Signature, nond or protect name of registered agent, nond name nametaling) Date Signature, nond S	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam lamiliar with, and accepting of registered agent. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam lamiliar with, and accepting of registered agent. SNATURE The NOWILI FEE IS \$150.00 This Fund Company for Financing Tous Fund Company for Financi	VIIAIVII, FL 33738			
the obligations of registered agent. SIGNATURE Signature, typed or prefed have of regulated agent and life 1 applicable PATE Regulated Agent Signature required international or prefedence of regulated agent and life 1 applicable PATE Regulated Agent Signature required international or prefedence of the SS5.00 May Bo After May 1, 2008 Fee will be SS5.00 P. Election Campaign Financing SS.00 May Bo Added to Fees ID. OFFICERS AND DIRECTORS IT AO, QUOC K Y TAO, ANHTU TAO, ANHTU TAO, ANHTU STRETADORSS IT AO, ANHTU STRETADORSS IS 15940 NE 4TH AVE CITY-51-2P MIAMI, FL 33162 Delate TAC Delate TAC Delate TAC Delate TAC Delate TAC Delate TAC CITY-51-2P TILE STRETADORSS STRET	the obligations of registered agent. SNATURE Signature. typed or primer have of registered agent and ther applicable (NOFE Registered Agent signature interviewing) After May 1, 2008 Fee will be \$55.00 OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN III ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND IIII ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AN			City	FL Zip Code
ITTLE D Change C	E D Change Addit A Change Addit EF ADRESS F.ST-2P MIAMI BEACH, FL 33162 CITY-ST-2P E S CITY-ST-2P CHANGESS CITY-ST-2P MIAMI BEACH, FL 33162 CITY-ST-2P FL ADRESS CITY-ST-2P CITY ST-2P MIAMI BEACH, FL 33162 CITY-ST-2P MIAMI, FL 33162 CITY-ST-2P MIAMI, FL 33162 CITY-ST-2P E CITY-ST-2P CITY ST-2P E CITY-ST-2P E CIT	After May 1, 2008 Fee will be \$55	D.00 Trust Fund Co	ntribution.	dded to Fees
WANE TAO, QUOC K Y NAME STREET ADDRESS 15740 NE 4 AVENUE STREET ADDRESS GITY-ST-2IP MIAMI BEACH, FL 33162 Delete TAO, ANHTU Delete TITLE STREET ADDRESS 15940 NE 4TH AVE STREET ADDRESS JTY-ST-2IP MIAMI, FL 33162 OTY-ST-ZIP MILE Delete TITLE STREET ADDRESS 15940 NE 4TH AVE STREET ADDRESS JTY-ST-ZIP MIAMI, FL 33162 OTY-ST-ZIP MILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS<	AE TAO, QUOC K Y NAME SEEF ADDRESS 15740 NE 4 AVENUE SINEEF ADDRESS Y-S1-2P MIAMI BEACH, FL 33162 CIV-S1-2P E S Delete TILE AE TAO, ANHTU Delete NAME Y-S1-2P MIAMI, FL 33162 CIV-S1-2P AE TAO, ANHTU Delete NAME Y-S1-2P MIAMI, FL 33162 CIV-S1-2P AE TAO, ANHTU SIREEF ADDRESS Y-S1-2P Delete TILE AE Oblete TILE Y-S1-2P Delete TILE AE Delete TILE Y-S1-2P Delete TILE <th>1_</th> <th></th> <th></th> <th></th>	1_			
CITY-ST-ZIP MIAMI BEACH, FL 33162 CITY-ST-ZIP ITTLE S Delete ITTLE NAME TAO, ANHTU Delete ITTLE ISTREET ADDRESS ISTREET ADDRESS CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP ITTLE Delete MIAMI, FL 33162 TiTLE ITTLE Delete STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP Delete ITTLE Delete ITTLE Delete ITTLE Change CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change ITTLE NAME	rst-2P MIAMI BEACH, FL 33162 CITV-ST-2P £ S Delete IntLe Change Addit # TAO, ANHTU NAME Status Change Addit # TAO, ANHTU Status Status CitY-ST-2P CitY			NAME	
NAME TAO, ANHTU NAME STREET ADDRESS 15940 NE 4TH AVE STREET ADDRESS DTY-ST-ZIP MIAMI, FL 33162 CITY-ST-ZIP MIXE Delete TifLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITTLE Delete TiTLE NAME STREET ADDRESS CITY-ST-ZIP	He TAO, ANHTU NAME LEET ADDRESS STREET ADDRESS V-ST-ZIP MIAMI, FL 33162 LEET ADDRESS CITY-ST-ZIP LEET ADDRESS STREET ADDRESS V-ST-ZIP Delete MAME STREET ADDRESS V-ST-ZIP CITY-ST-ZIP LE Delete ME CITY-ST-ZIP LE Delete ME CITY-ST-ZIP LE Delete ME CITY-ST-ZIP LE Delete V-ST-ZIP CITY-ST-ZIP LE Delete V-ST-ZIP CITY-ST-ZIP LE Delete WE Delete V-ST-ZIP CITY-ST-ZIP LE Delete V-ST-ZIP CITY-ST-ZIP LE Delete NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delete ME STREET AD				
STREET ADDRESS 15940 NE 4TH AVE MIAMI, FL 33162 STREET ADDRESS CITY-ST-ZIP Delete TifLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	EEE ADDRESS Y-ST-ZIP 15940 NE 4TH AVE MIAMI, FL 33162 STREET ADDRESS CITY-ST-ZIP EE		Delete		Change Add
INTEL Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address Intel address Intel address Intel address STREET ADDREss Intel address<	ite				
HAME NAME ITREET ADDRESS STREET ADDRESS ITT-ST-ZIP ITILE IAME Delele ITREET ADDRESS ITILE IAME NAME IAME STREET ADDRESS ITTREET ADDRESS ITITLE ITTREET ADDRESS STREET ADDRESS	KE NAME LEET ADDRESS STREET ADDRESS Y-ST-ZIP Detele LE Detele ME NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele WE STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele TITLE Change NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele TITLE NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Detele	MIAMI, FL 33162		CITY-ST-ZIP	
DITY-ST-ZIP DITY-ST-ZIP Dittle Delele ITILE Delele NAME STREET ADDRESS DITY-ST-ZIP ITILE	Y-ST-ZIP CITY-ST-ZIP LE Delele ME Change STREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delele TITLE Change ME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delele TITLE Change NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delele WE STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LEET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delele NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Otelele NAME CHange LET ADDRESS CITY-ST-ZIP LE ADDRESS CITY-ST-ZIP LE ADDRESS CITY-ST-ZIP LE ADDRESS CITY-ST-ZIP LE ADDRESS<		Delete		Change Add
ITLE Delele TITLE Change Chang	E Delete TITLE Change Addition ME NAME STREET ADDRESS CITY-ST-ZIP Change Addition EE Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME Delete TITLE Change Addition ME Delete TITLE Change Addition ME Delete TITLE Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME STREET ADDRESS CITY-ST-ZIP Change Addition ME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Interboy certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida S				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	ME NAME EET ADDRESS STREET ADDRESS Y-ST-ZIP ClTY-ST-ZIP LE Delete ME STREET ADDRESS VEST-ZIP Delete ME STREET ADDRESS Y-ST-ZIP Change ME NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP Delete IEET ADDRESS STREET ADDRESS Y-ST-ZIP Delete IFLE Change NAME STREET ADDRESS Y-ST-ZIP ClTY-ST-ZIP LE Delete IFLE NAME STREET ADDRESS CITY-ST-ZIP L. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with address, wind all other tills empowered. WE WE WE WE WE		Detete		
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Y-ST-ZIP CITY-ST-ZIP LE Delate WE NAME BEET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delate WE STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delate WE STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LE Delate ME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP LET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on 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 change change does not qualify that it is empowered. Changed, or on an attachment with an address, with all other flip empowered. WE Q12100Y	NAME		NAME	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	WE NAME IEET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP IEE Delete WE STREET ADDRESS VET ADDRESS CITY-ST-ZIP IEET ADDRESS CITY-ST-ZIP IEET ADDRESS CITY-ST-ZIP IEET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP IEET ADDRESS CITY-ST-ZIP				
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UTILE Delete NAME NAME STREET ADDRESS STREET ADDRESS	Internation of the corporation or the receiver or trustee empowered. Internation of the corporation or the receiver or trustee empowered.		Delete		Change Adr
DITY-ST-ZIP CITY-ST-ZIP Dittle TITLE VAME NAME STREET ADDRESS STREET ADDRESS	Y-ST-ZIP CITY-ST-ZIP LE Delete ME ITILE NAME STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP L. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 on officer or director of the corporation or the receiver or trustee empoyed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with all other fills empowered. ME Q_12100Y				
NAME NAME STREET ADDRESS	NAME ItET ADDRESS Y-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Image: Description of the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 empoyed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other it gempowerd.	NTY-ST-ZIP			
STREET ADDRESS	Iter ADDRESS Y-ST-ZIP STREET ADDRESS CITY-ST-ZIP Itereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 empoyed to opecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other till empowered.	l l	Delete		Change Add
CHY-SI-ZP	. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 directed 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 changed, or on an attachment with an address, with all other like empowered.				
2. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chernier 119. Eloride Statutes, I further contribution 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 empoyed to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other live empowered.		with this filing does not qualify		red in Chapter 119 Ebrida Statutes. I further certify that the information

•

· · · · · ·