SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000011418 (9)

BEAUTY WORLD SUPPLY, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AM 9: 15



#OLLYWOOD FL \$3021 2. Principal Place of Business 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. April 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Cou	Address Add	authorized by forida Statutes	Name Street Add City e-named corp the corpora is.	02/15/1993 4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable)	e of Last Report 24/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Introduction No gent 85 Zip Code changing its registered intrinent as registered
2. Principal Place of Business 2. Principal Place of Business 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. City & State 2. City & State 2. Country 2.	Address (1 S. (2 S	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	3. Date Incorporated or Qualified 02/15/1993 4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpo	e of Last Report 24/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Introduction No gent 85 Zip Code changing its registered intrinent as registered
2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Principal Place of Suite, Apt. #, etc. 2. Principal Place of Business 2. Principal Plac	Address S	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	3. Date Incorporated or Qualified 02/15/1993 4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpo	e of Last Report 24/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Introduction No gent 85 Zip Code changing its registered intrinent as registered
2. Principal Place of Business 21 22 Suite, Apt. #, etc. 22 City & State 23 Zip Zip Zip 25 Quantry 25 Quantry 26 Quantry 27 April Zip Zip Zip 28 WEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such a agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statuchango was 607.0505, F	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	3. Date Incorporated or Qualified 02/15/1993 4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpo	e of Last Report 24/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Introduction No gent 85 Zip Code changing its registered intrinent as registered
Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Zip Zip Zip Country Zip 25 Q. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such a agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statuchango was 607.0505, F	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible fes No gent 85 Zip Code changing its registered intment as registered
Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Zip Zip Zip Country Zip 25 Q. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or private name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statuchango was 607.0505, F	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	4. FEI Number 65-0406831 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible fes No gent 85 Zip Code changing its registered intment as registered
Suite, Apt. #, etc. 22 City & State 23 Zip Zip Country 25 9. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, to office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statuchange was 607.0505, F	30 Property 30 Pro	Name Street Add City e-named corp the corpora is.	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpose of cation's board of directors. I hereby accept the appointment of the purpose o	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ent year Intangible Fes No gent 85 Zip Code changing its registered intment as registered
City & State City & State Zip Zip Zip Zip Zip Q. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or private name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpo	Fee Required \$5.00 May Be Added to Fees ent year Inlangible fes No gent 85 Zip Code changing its registered intment as registered
Zip	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the	\$5.00 May Be Added to Fees ent year Intangible yes No gent 85 Zip Code changing its registered intment as registered
Zip	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	Trust Fund Contribution 8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the	Added to Fees ent year Intengible Fes No gent 85 Zip Code changing its registered intment as registered
24 25 26 29 33 9. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such a agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	8. This corporation owes or has paid the curre Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL. reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpo	ent year Intangible Yes No gent 85 Zip Code changing its registered intment as registered
9, Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, to office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	Personal Property Tax due June 30. 10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL reportation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the p	SE Zip Code changing its registered intment as registered
9. Name and Address of Current Registered Age MEDINA, GUADALUPE 2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	Fiorida Statu change was 607.0505, F (NO	81 82 83 84 84 sles, the above authorized by forida Statutes TE Registered Age	City o-named corp the corpora s.	10. Name and Address of New Registered Agdress (P.O. Box Number is Not Acceptable) FL rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purpose of cation's board of directors. I hereby accept the appointment of the purpose of the purp	gent 85 Zip Code changing its registered intment as registered
2508 N 60TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	change was 607.0505, F	82 83 84 Ules, the above authorized by iorida Statutes OTE Registered Age 13.	City o-named corp the corpora s.	FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	changing its registered intment as registered
2508 N 80TH AVE HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE NAME MILAZZO, SAL V 601 W. LAKE DRIVE	change was 607.0505, F	83 84 Mes, the above authorized by dorida Statutes TE Registered Age 13.	City b-named corp the corpora b. or signature requi	FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	changing its registered intment as registered
HOLLYWOOD FL 33021 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such a agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	change was 607.0505, F	83 84 Mes, the above authorized by dorida Statutes TE Registered Age 13.	City b-named corp the corpora b. or signature requi	FL reporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	changing its registered intment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V 601 W. LAKE DRIVE	change was 607.0505, F	utes, the above authorized by forida Statutes	e-named corp the corpora i.	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint the appoint of the statement of the appoint of the statement of the appoint of the statement of the appoint	changing its registered intment as registered
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE	change was 607.0505, F	utes, the above authorized by florida Statutes TE Registered Age 13.	e-named corp the corpora i.	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint the appoint of the statement of the appoint of the statement of the appoint of the statement of the appoint	changing its registered intment as registered
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE	change was 607.0505, F	utes, the above authorized by florida Statutes TE Registered Age 13.	e-named corp the corpora i.	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint the appoint of the statement of the appoint of the statement of the appoint of the statement of the appoint	changing its registered intment as registered
office or registered agent, or both, in the State of Florida. Such agent. I am familiar with, and accept the obligations of, Section SIGNATURE	change was 607.0505, F	authorized by forida Statutes ITE Registered Age 13.	the corpora i. nt signature requi	ation's board of directors. I hereby accept the appoint	intment as registered
agent. I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V STREET ADDRESS 601 W. LAKE DRIVE	607.0505, F	TE Registered Age	i. nt signature requi	uired when reinstating) DATE	
12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V STREET ADDRESS 601 W. LAKE DRIVE		13.			DIRECTORS IN 12
12. OFFICERS AND DIRECTORS TITLE PD MILAZZO, SAL V STREET ADDRESS 601 W. LAKE DRIVE		13.			DIRECTORS IN 12
TITLE PD E NAME MILAZZO, SAL V STREET ADDRESS 601 W. LAKE DRIVE	DELETÉ				DIRECTORS IN 12
NAME MILAZZO, SAL V STREET ADDRESS 601 W. LAKE DRIVE		1,1 1111,6	1 4/24		Change Addition
STREET ADDRESS 601 W. LAKE DRIVE	- VECETE	4.5.44.45	nn	ου ΛαΖΩ, SAL V	
MADIEC EL		1.2 NAME	4	501 S. Ocean Drive Apt. L	-/2
		1.3 STREET	137	William of Flat 22019	·
	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP	originating the 33017	Change Addition
140 1990 199011	DECEME	2.1 MILE 2.2 NAME	200	ILAZZO, LETTELA . A.L.	
ANALIS LAISE CONT		2.2 NAME 2.3 STREET	ADDDECC 25	501 S. Owan Drive Apt L	-/2J
MADICOCI		2.4 City - 9		followood Pla 33019	
	DELETE	3.1 TITLE	21.7(L 2.2)	STIME TO COLIT	Change Addition
NAME MEDINA, GUADALUPE		3.2 NAME	<i>m</i>	FDINA GUADALUPE.	_, - _
STREET ADDRESS 601 W. LAKE DRIVE		3.3 STREET	, , ,	501 S. Ocean Ine Ap	4 1-125
CITY-ST-ZIP NAPLES FL		3.4. CITY - 9	(2)	6/14mod 960, 33019	, , , , , , ,
	DELETE	4.1 TITLE	//1		Change Addition
NAME		4. 2 NAME		(D=1) -	
STREET ADDRESS		4.3 STREET	ADDRESS	U -1/23	
CITY-ST-ZIP		4.4 CITY-S			
	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME		7000022457	074
STREET ADDRESS		5.3 STREET	ADDRESS	7000022457 -07/23/97 <u>-</u> -011	124003
CITY-SI- IP		5.4 C/TY-S	T-ZIP	****178.75	<u>****178.75</u>
TITLE	DELETE	6.1 TITLE			Change Addition
NAME &		6.2 NAME			
STREET ADDRESS		63 STREET	ADDRESS		
CITY-\$1-ZIP		64 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	······
14. I do hereby certify that the information supplied with this lilling d Information indicated on this annual report or supplemental ann I am an officer or ovector of the corporation or the receiver or in	loes not qual	lify for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further of	certify that the