PROF CORPOR/ ANNUAL R 199	ATION EPORT	FLORIDA DEPAR Katherin Secretary	TMENT OF STATE) Secre	FILED 97, 1999 8:0 etary of Sta 999 90023 022 ***150	ate	
DOCUMEN 1. Corporation Name BLUEGRASS F	1 000000	43726		T TABUTAN TA AND AND SULL A			
Principal Place of Busi	iness	Mailing Address	·- <u>-</u>	 00 00 0 00 		ANNI INI NUN	=
6509 WYNGLOW LN DRLANDO FL 32818 US		6509 WYNGLOW LN ORLANDO FL 32818 US		DO NOT 3. Date incorporated or Qua	WRITE IN THIS SPACE		_
				06/16/1993			
2. Principal Place of B		2a. Mailing Address	446	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	plied For t Applicable	Ξ
1 4872 ~ Suite, Apt. #, etc. ~	ghthouse Cincle	26 4822 49. Suite, Apt. #, etc.	NT NOUSEL		\$8.75 A		≣
2		27		5. Certifcate of Status Desir	Fee Re		
City & State	- E I	City & State 28 Or/ando	FI.	 Election Campaign Finan Trust Fund Contribution 	cing 5.00 Added to		.=
3 Orlando Zip	Country	Zip	Country	8. This corporation owes the	e current year Intangible	_	=
4 32808			30 U.S.A.	Personal Property Tax. 10. Name and Address of N			=
9. Na	ame and Address of Current R	egistered Agent	81 Name	TV. Name and Address of h	New Registered Agent		
BAUGH, FR			82 Street	Address (P.O. Box Number is Not Ad	cceptable)		Ξ
6509 WYNG Orlando I			48	22 Lighthouse	<u>Urde</u>		=
	FL 32010		83	v			=
011211201					·		= -
	entries of Society 207 (EQ) of	nd 607 1509 Elorida Statute	84 City	lando		808	
11. Pursuant to the pr office or registered agent. I am familia SIGNATURE	d agent, or both, in the State of I ar with, and accept the obligation typed or printed name of registered agent an	forida. Such change was at as of, Section 607.0505, Flor d title if applicable. (NOTE:	es, the above-named thorized by the corpo ida Statutes.	corporation submits this statement for ration's board of directors. I hereby squired when reinstating)	FL 32 or the purpose of changing its accept the appointment as required. DATE	-808 registered gistered	
 Pursuant to the profice or registered agent. 1 am familia SIGNATURE Signature. 12. 	d agent, or both, in the State of I ar with, and accept the obligatior	forida. Such change was at is of, Section 607.0505, Flor d title (f applicable, (NOTE: DIRECTORS	s, the above-named thorized by the corpo ida Statutes. Registered Agent signature n 13.	corporation submits this statement fo ration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T	FL 31 or the purpose of changing its accept the appointment as reg	-808 registered gistered	
11. Pursuant to the proffice or registered agent. 1 am familia SIGNATURE SIGNATURE SIGNATURE TITLE	d agent, or both, in the State of I ar with, and accept the obligation typed or printed name of registered agent an OFFICERS AND I	forida. Such change was at as of, Section 607.0505, Flor d title if applicable. (NOTE:	es, the above-named thorized by the corpo ida Statutes. Registered Agent signature n 13. 1.1 TITLE	Rouried when reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS AND DIRECTO Change	PRS IN 12	(11/98)
11. Pursuant to the pr office or registered agent. 1 am familia SIGNATURE 12. TITLE NAME STREET ADDRESS 5246	d agent, or both, in the State of I ar with, and accept the obligation typed or printed name of registered agent an OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR	forida. Such change was at is of, Section 607.0505, Flor d title (f applicable, (NOTE: DIRECTORS	es, the above-named thorized by the corporate ida Statutes. Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as reg DATE O OFFICERS AND DIRECTO Change Change Change	RS IN 12	E034 (11/98)
11. Pursuant to the pr office or registerer agent. 1 am familia SIGNATURE 12. 11. 11. 11. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	d agent, or both, in the State of I ar with, and accept the obligation typed or printed name of registered agent an OFFICERS AND I S S BAUGH	Iorida. Such change was at is of, Section 607.0505, Flor d title (f applicable. (NOTE: DIRECTORS	es, the above-named thorized by the corporate ida Statutes. Registered Agent signature in 13. 1.1 ITTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Rouried when reinstating) ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as reg DATE O OFFICERS AND DIRECTO Change Change Change	RS IN 12	(11/98)
11. Pursuant to the pr office or registered agent. 1 am familia SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 ORLA TITLE AS NAME STREET ADDRESS 4420	d agent, or both, in the State of I ar with, and accept the obligation byped or printed name of registered agent an OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410	forida. Such change was at is of, Section 607.0505, Flor d title (f applicable, (NOTE: DIRECTORS	In the above-named thorized by the corporate ida Statutes. Registered Agent signature n 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as required. DATE O OFFICERS AND DIRECTO Change 75 CITCLE 34761	RS IN 12	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 ORLA MEND STREET ADDRESS 4420 STREET ADDRESS 4420 ORLA CITY-ST-ZIP	d agent, or both, in the State of I ar with, and accept the obligation byped or printed name of registered agent an OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL	Iorida. Such change was at is of, Section 607.0505, Flor d title (f applicable. (NOTE: DIRECTORS	es, the above-named thorized by the corporation of	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as required. DATE O OFFICERS AND DIRECTO Change 75 CITCLE 34761	RS IN 12	E034 (11/98)
11. Pursuant to the profice or registered agent. I am familia SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA STREET ADDRESS 4420 STREET ADDRESS 4420 CITY-ST-ZIP ORLA	d agent, or both, in the State of I ar with, and accept the obligation byped or printed name of registered agent an OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410	Is of, Section 607.0505, Flor d title (f applicable. (NOTE: DIRECTORS	In the above-named athorized by the corporate of the corp	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as required. DATE O OFFICERS AND DIRECTO Q Change PS CITCLE 34761	Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501	Is of, Section 607.0505, Flor d title (f applicable. (NOTE: DIRECTORS	In the above-named thorized by the corporate of the corpo	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as required. DATE O OFFICERS AND DIRECTO Q Change PS CITCLE 34761	Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE TITLE VPS NAME JAME STREET ADDRESS 5246 ORLA ORLA TITLE AS NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA STREET ADDRESS 4950 CITY-ST-ZIP ORLA	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK	d title (f applicable. (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	ADDITIONS/CHANGES T	FL 32 or the purpose of changing its accept the appointment as regulated as the provided of the purpose of change DATE DATE DATE O OFFICERS AND DIRECTO Change PS CIrcl & 34761 Change Change Change	Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA TITLE AS NAME MEND STREET ADDRESS 0RLA TITLE AS NAME MEND STREET ADDRESS 4420 ORLA TITLE NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE T MILLE STREET ADDRESS STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE PD	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	Is of, Section 607.0505, Flor d title (f applicable. (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS VAME JAME STREET ADDRESS 5246 ORLA ORLA TITLE AS NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE PD NAME BAUG	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501	d title (f applicable. (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the pr office or registered agent. 1 am familia SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 13. 13. 14. 14. 15. 15. 14. 15. 15. 14. 15. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NOO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable, (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the profice or registerer agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA TITLE AS NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE PD NAME BAUG STREET ADDRESS 6509 CITY-ST-ZIP ORLA TITLE PD NAME BAUG STREET ADDRESS 6509 CITY-ST-ZIP ORLA TITLE PD NAME BAUG STREET ADDRESS 6509 CITY-ST-ZIP ORLA TITLE IT	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable. (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the pr office or registerer agent. 1 am familia SIGNATURE 12. 12. 11. VPS AMME JAME STREET ADDRESS 5246 ORLA TITLE AS MAME MENC STREET ADDRESS 4420 ORLA TITLE T MAME MILLE STREET ADDRESS 4950 ORLA TITLE PD STREET ADDRESS 6509 ORLA TITLE BAUG STREET ADDRESS 6509 ORLA TITLE NAME	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable, (NOTE: DIRECTORS	IS, the above-named thorized by the corporation of	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the pr office or registerer agent. 1 am familia SIGNATURE 12. 11. VPS NAME JAME STREET ADDRESS 5246 ORLA TITLE AS NAME MENC STREET ADDRESS 4420 ORLA TITLE T NAME MILLE STREET ADDRESS 4950 ORLA TITLE PD STREET ADDRESS 6509 ORLA TITLE PD STREET ADDRESS 6509 ORLA TITLE NAME STREET ADDRESS STREET ADDRESS 6509 ORLA	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable. (NOTE: DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	S, the above-named Athorized by the corpor- ida Statutes. Registered Agent signature in 13. 1.1 ITTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITTLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 31 or the purpose of changing its accept the appointment as regulated as the appointment as the appointequarter as the appointment as the appointment as the appo	RS IN 12 Addition Addition	E034 (11/98)
11. Pursuant to the pr office or registerer agent. 1 am familia SIGNATURE 12. 12. 12. 11. VPS JAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLA STREET ADDRESS CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable, (NOTE: DIRECTORS	s, the above-named Athorized by the corpo ida Statutes. Registered Agent signature n 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES T	FL 3 1 or the purpose of changing its accept the appointment as required. DATE DATE O OFFICERS AND DIRECTO O OFFICERS AND DIRECTO Change 13 Circle 34761 Change Change Change Change	RS IN 12 Addition	E034 (11/98)
11. Pursuant to the pr office or registerer agent. 1 am familia SIGNATURE 12. 12. 11. VPS AMME JAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS GTY-ST-ZIP NAME BAUG STREET ADDRESS GTY-ST-ZIP ORLA TITLE NAME BAUG STREET ADDRESS GTY-ST-ZIP ORLA TITLE NAME STREET ADDRESS GTY-ST-ZIP TTLE NAME STREET ADDRESS GTY-ST-ZIP TTLE NAME	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808	d title (f applicable. (NOTE: DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	S, the above-named Athorized by the corpor- ida Statutes. Registered Agent signature in 13. 1.1 ITTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITTLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 ITTLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 ITTLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 ITTLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 31 or the purpose of changing its accept the appointment as regulated as the appointment as the appointment as regulated as the appointment as the appointer as the appointment as the appointment	RS IN 12 Addition Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA TITLE AS NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE PD NAME BAUG STREET ADDRESS 6509 CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS G509 CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS G109 OTLA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808 SH, FRANCES L WYNGLOW LN NDO FL 32808	Is of, Section 607.0505, Flor d title (f applicable, (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named athorized by the corpor- ida Statutes. Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	carporation submits this statement for ration's board of directors. I hereby Addition reinstating) ADDITIONS/CHANGES T Traasurer 906 Cool Spring 0coaa, Fl. 0coaa, Fl. 4822 Lighthou: 0rlando, Fl. 3 VPSD Jamas O: Bang 4822 Lightho Jamas O: Bang 4822 Lightho	FL 3 1 or the purpose of changing its accept the appointment as required. Dote: Construction of the purpose of change D OFFICERS AND DIRECTO Change D Change Change	Addition Addition Addition Addition Addition	E034 (11/98)
11. Pursuant to the profice or registered agent. 1 am familia SIGNATURE SIGNATURE 12. TITLE VPS NAME JAME STREET ADDRESS 5246 CITY-ST-ZIP ORLA TITLE AS NAME MEND STREET ADDRESS 4420 CITY-ST-ZIP ORLA TITLE T NAME MILLE STREET ADDRESS 4950 CITY-ST-ZIP ORLA TITLE PD NAME BAUG STREET ADDRESS 6509 CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS G509 CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS G100 CITY-ST-ZIP ORLA TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP <	d agent, or both, in the State of I ar with, and accept the obligation OFFICERS AND I OFFICERS AND I S S BAUGH N ORANGE BLOSSOM TR NDO FL 32810 DENHALL, MICHAEL MEDALLION DR #410 NDO FL 32808 ER, MACK NORTH LANE #501 NDO FL 32808 SH, FRANCES L WYNGLOW LN NDO FL 32808	Is of, Section 607.0505, Flor d title (f applicable, (NOTE: DIRECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE this filing does not qualify for regular mode is true and accur	s, the above-named Athorized by the corpo- ida Statutes. Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 STREET ADDRESS 1.4 STREET ADDRESS	carporation submits this statement for oration's board of directors. I hereby squired when reinstating) ADDITIONS/CHANGES T Traasurar 906 Cool Spring 000000, F1.	FL 3 1 or the purpose of changing its accept the appointment as regulated as the appointment appointment as the appointment appointment as the appointment appointmen	Addition Addition Addition Addition Addition Addition	E034 (11/98)

SIGNATURE: X 7	cances d. Baugh FRANCES L.	BAUGH	4-30-99	407-29813
SIGNAT	TIRE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR		Date	Daytime Phone #