FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CONTROL OF CONTR

FILED Feb 09 1998 8:00am Secretary of State



ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1993 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Country ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1993 4. FEI Number Sp-3 194395 Not Applied For Not Applied For Sp-3 194395 Not Applied For South, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required 6. Election Campalgn Financing Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	3773 CENTRA	AL AVE.		3773 CENTRAL AVE.							
2. Principal Place of Business 2a. Mailing Address 3. Fell Namber 3. Date Incorporation of Qualified 36/29/1993 3. Fell Namber 32 36 37 36 37 36 37 36 37 37	A-552			A-552				DO NOT WRITE IN TH	IS SPACE	-	
2. Principal Place of Business 2.a. Malling Address 4. Fil Number 59-3 194395 Location 1942 Location 1942	SI. PETERSB	UNG PL 33/13	ŞI. F	SI. PETERSBURG PL 33/13							
22. Principal Place of Business 2a. Maling Address 5e. 4. FEI Number 59-3194395 Nex Applicable 59-3194395 Suite 59-3										- 1	
Sulfis, Apt. 8, etc. 20	2. Principal Place of Business			2a. Mailing Address					IA	pplied For	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. St. Certificate of Status Desired St. 75 Additional City & Stato St. 75 Additional City & St. 75 Additional City & Stato St. 75 Additional City & St. 75 Additional Cit	21		─	<u> </u>							
City & State 23		#, etc.									
Zip	22		27	27				5. Certificate of Status Desired	Fee R	equired	
Trust Pund Contribution Added to Fees	City & State		Cit					6. Election Campaign Financing	\$5.00	May Be	
25 28 29 29 29 29 29 29 29	23		28				_	Trust Fund Contribution	T		
WINDERDRIFT, J.M. WINDERDRIFT, J.M. 373 CENTRAL AVE. ST. PETERSBURG FL 33713 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	Zip	Country Zip				ntry	'	8. This corporation owes or has paid the	current year In	tangible	
WINEBRENNER, J.M. 3773 CENTRAL AVE. ST. PETERSBURG FI. 33713 82 Street Address (P.O., Box Number is Not Acceptable) 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging is registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of charging is registered agent, and familiar with, and accept the obligations of, Section 607.0505, Roinda Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 11. TITLE 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 17. TITLE	24	25 29									
WINCEGENTRAL AVE. ST. PETERSBURG FL 33713 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.000 and 607.1506 Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agents are set of section 607.0505, Florida Statutes, such as the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agents are set of section 607.0505, Florida Statutes, agent agents are registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agents are registered agents. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agents agents agents agents agents agent agents agents agents agents agents agents. The section of directors. Thereby accept the appointment as registered agents ag	g. Name and Address of Current Registered Agent										
ST. PETERSBURG FL 33713 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 agent. I am familiar with, and accept the chipologistics of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the chipologistics of Section 607.0502, Princida Statutes. SIGNATURE Signature, higher or preliad reams of registered agent and title if applicables (NOTE Registered Agent agretive required when remaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. TITLE PD	W!!	NEBRENNER, J.M.				81	Name			Į	
ST. PETERSBURG FL 33713 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 agent, and an accept the chipdae was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and am accept the chipdae was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the originations of Section 607,0505, Policida Statutes. SIGNATURE Signatura, hyped or present teams of registered agent and size if appriature (agent and accept the chipdae) INVE PD DELETE 11 TITLE PD DELETE 11 TITLE PO DELETE 11 TITLE PORT ST. LUCIE FL 34983 ILLIAM FIRSCHING, STEPHEN W.C. 1.2 MAME WILLIAM FIRSCHING 2.2 MAME WILLIAM FIRSCHING 481 SE. EVERGREEN 12 STREET ADDRESS STREET ADDRESS OTY-ST-2P PORT ST. LUCIE FL 24 OTY-ST-2P 1 TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 41 TITLE Change Addition Addition Addition Change Addition Addition Addition Addition Addition Addition Change Addition Addition	3773 CENTRAL AVE.			82 Street Ac			Street Add	dress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Sections 807.0502, Florida Statutes. SIGNATURE Signature, hypotro presed tenne or registered agent, and see if applicable. (NOTE: Registered Agent agreature required infer registered agent, and familiar with, and accept the obligations of, Section 807.0503, Florida Statutes. SIGNATURE Signature, hypotro presed tenne or registered agent and see if applicable. (NOTE: Registered Agent agreature required infer registered agent, and see if applicable. (NOTE: Registered Agent agreature required infer registered agent, and see if agent agreature required infer registered of directors. I hereby accept the appointment as registered agent, and see if agent agen	ST.	PETERSBURG FL 33713									
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 of 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, and accept the obligations of, Section 607.0505, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both and agent are discovered agent, or both and agent are discovered agent. Addition of the corporation's board of directors. I hereby accept the appointment as registered agent, or both and agent are discovered agent. Addition of the provision of the provision's agent a						83				ļ	
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 of 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, and accept the obligations of, Section 607.0505, Florida Statutes, The above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both and agent are discovered agent, or both and agent are discovered agent. Addition of the corporation's board of directors. I hereby accept the appointment as registered agent, or both and agent are discovered agent. Addition of the provision of the provision's agent a						84	City		_ 85 Zip	Code	
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 and finite or the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature typed or piritad home of registered agent and take if applicable. (NOTE: Registered Agent algorithms explicitly when reintatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD					i			F			
agent. I am' familiar with, and accept the obtigations of. Section 607.0505, Florida Statutes. SIGNATURE Description Signature Sig	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 of the corporation submits this statement for the purpose of changing its registered of the corporation in the State of Florida State of St										
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Addition FIRSCHING, STEPHEN W.C. 12 NAME FIRSCHING, STEPHEN W.C. 12 NAME FIRSCHING, STEPHEN W.C. 13 STREET ADDRESS TREET ADDRESS TITLE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Addition FIRSCHING, STEPHEN W.C. 12 NAME FIRSCHING, STEPHEN W.C. 12 NAME FIRSCHING, STEPHEN W.C. 13 STREET ADDRESS TREET ADDRESS TITLE	SIGNATURE										
TITLE PROCHING, STEPHEN W.C. FIRSCHING, STEPHEN W.C. 12 NAME FIRSCHING, STEPHEN W.C. 13 STREET ADDRESS CITY-ST-2IP FORT ST. LUCIE FL 34983 14 CITY-ST-2IP FORT ST. LUCIE FL TITLE TO DELETE 1.1 TITLE 1.2 NAME 1.2 NAME VILLIAM FIRSCHING 481 SE EVERGREEN 28 STREET ADDRESS CITY-ST-2IP TITLE TO DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-2IP TITLE 1.2 LUCIE FL 1.4 TITLE 1.5 TITLE 1.6 Change Addition Addition Addition Addition Addition Addition Addition DELETE 5.1 TITLE 1.5 TITLE 1.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.										
MAME STREET ADDRESS A11 S.E. EVERGREEN TERRACE PORT ST. LUCIE FL 34983 1.6 CITY-ST-ZP PORT ST. LUCIE FL 34983 1.6 CITY-ST-ZP PORT ST. LUCIE FL 34983 1.7 CITY-ST-ZP MAME WILLIAM FIRSCHING A81 SE EVERGREEN WILLIAM FIRSCHING A81 SE EVERGREEN PORT ST LUCIE FL A81 SE. EVERGREEN PORT ST LUCIE FL A81 SE EVERGREEN A83 STREET ADDRESS A81 SE EVERGREEN A83 STREET ADDRESS A81 SE EVERGREEN A84 SIREET ADDRESS CITY-ST-ZP PORT ST. LUCIE FL A1 TITLE AMME A3 STREET ADDRESS CITY-ST-ZP A4 CITY-ST-			DIRECTO		_			ADDITIONS/CHANGES TO OFFICERS A			
STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34983 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE VILL/AM FIRSCHING 481 SE EVERGREEN VILL/AM FIRSCHING 481 SE EVERGREEN 2.2 STREET ADDRESS CITY-ST-ZIP TITLE T DELETE 3.1 TITLE JOAN FIRSCHING 3.2 NAME 3.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE T JOAN FIRSCHING 481 SE EVERGREEN 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TOAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TOAN STREET ADDRESS CITY-ST-ZIP TOAN STREET ADDRESS STREET ADDR	TITLE			UELETE.					L Change	L Addition (
CITY-ST-ZIP PORT ST. LUCIE FL 34983	NAME				1.2 NA	ME	Í			17	
TITLE VP WILLIAM FIRSCHING	STREET ADDRESS		冱	1.3 STREET ADDR			ADDRESS			Į į	
MAKE WILLIAM FIRSCHING STREET ADDRESS 481 SE EVERGREEN CITY-ST-ZIP PORT ST LUCIE FL TITLE T Change Addition NAME JOAN FIRSCHING 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE JOELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE ALCITY-ST-ZIP ALCITY	CITY-ST-ZIP				1.4 CD	TY-5	T-ZIP				
STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL TITLE T JOAN FIRSCHING JOAN FIRSCHING STREET ADDRESS 481 SE EVERGREEN PORT ST. LUCIE FL 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME LOCATION STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE LOCATION STREET ADDRESS CITY-ST-ZIP TITLE DELETE	TITLE	••		L_ DELETE	2.1 717	LE	Į			Addition [
CITY-ST-ZIP PORT ST LUCIE FL 2.4 CITY-ST-ZIP TITLE T DELETE 3.1 TITLE CHange Addition NAME JOAN FIRSCHING 3.2 FIXAME STREET ADDRESS 481 SE EVERGREEN 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHange Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP SAME 5.4 CITY-ST-ZIP TITLE S.5 STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition NAME 5.4 CITY-ST-ZIP TITLE CHANGE Addition STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition 1.4 CITY-ST-ZIP TITLE CHANGE Addition STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition 1.4 Lity-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition 1.4 Lity-ST-ZIP TITLE CHANGE Addition 1.4 Lity-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CI	NAME				2.2 NA	ME					
TITLE T DELETE 3.1 TITLE 3.2 NAME JOAN FIRSCHING 3.2 NAME STREET ADDRESS 481 SE EVERGREEN 3.3 STREET ADDRESS CITY- ST- ZIP PORT ST. LUCIE FL 3.4 CITY- ST- ZIP TITLE 1 DELETE 4.1 TITLE 1.2 Change Addition NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY- ST- ZIP TITLE 5.1 TITLE 1.3 STREET ADDRESS CITY- ST- ZIP TITLE 5.3 STREET ADDRESS CITY- ST- ZIP TITLE 5.3 STREET ADDRESS CITY- ST- ZIP TITLE 5.3 STREET ADDRESS CITY- ST- ZIP TITLE 6.3 STREET ADDRESS CITY- ST- ZIP TITLE 6.4 CITY- ST- ZIP TITLE 6.5 STREET ADDRESS CITY- ST- ZIP TITLE 7.5 STREET ADDRESS CITY- ST	STREET ADDRESS				2.3 ST	REET	ADDRESS				
NAME JOAN FIRSCHING STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS C		PORT ST LUCIE FL				_	T-ZIP				
STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP TITLE DELETE 1.5 TITLE DELETE DELETE 1.5 TITLE DELETE DELETE DELETE 1.5 TITLE DELETE DEL	TITLE	T		L_1 DELETE					i∐ Change	Addition	
CITY-ST-ZIP PORT ST. LUCIE FL 3.4. CITY-ST-ZIP TITLE	NAME				3.2 NA	ME				Į.	
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 1.4. 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	STREET ADORESS				3.3 ST	REET	ADDRESS			†	
NAME STREET ADDRESS CITY - ST - ZIP A.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		PURT ST. LUCIE FL					T-ZIP				
STREET ADDRESS CITY_ST-ZIP TITLE DELETE 5.1 TITLE SERVET ADDRESS CITY_ST-ZIP TITLE DELETE 5.1 TITLE SERVET ADDRESS CITY_ST-ZIP 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY_ST-ZIP 5.4 CITY_ST-ZIP TITLE SERVET ADDRESS CITY_ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS CITY_ST-ZIP 6.3 STREET ADDRESS CITY_ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information				L_ DELETE			-		∟_] Change	L Addition [
CITY-SI-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-SI-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-SI-ZIP TITLE DELETE 5.4 CITY-SI-ZIP TITLE Change Addition Change Addition Change Addition AME 5.2 NAME 5.2 NAME 6.3 STREET ADDRESS CITY-SI-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME					_					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	STREET ADDRESS				4.3 ST	REET	ADDRESS			İ	
NAME STREET ADDRESS CITY-ST-ZIP S.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							r-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	TITLE			∟ DELETE					L Change	L_I Addition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	NAME				5.2 NA	ME	ļ			ļ	
TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	STREET ADDRESS				5.3 ST	HEET ,	ADDRESS				
NAME 5TREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information						_	(-ZiP				
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	TITLE	:		<u></u> □ DELETE	6.1 TIT	LE			☐ Change	⊥_l Addition	
CITY-SI-ZIP 6.4 CITY-SI-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME				6.2 NA	ME	İ			}	
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	STREET ADDRESS				6.3 STI	REET /	address (ļ	
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplemental appear report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an											
	14. I hereby c	ertily that the intormation supplied with on this annual report or supplemental	n this filing annual rep	does not qualify f	or the exe	mpt I tha	ion stated in it it my signatur	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made i	certify that the	Information at I am an	