COR ANNU	PROFIT IPORATION JAL REPORT 1998		READER AND A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 24 1998 8:00ar Secretary of State		
	DAN, INC.	Ma	ailing Address O BOX 976 HOMASVILLE GA 3179				
					3. Date Incorporated or Qualified 09/15/1993		
2. Principal Pl	ace of Businoss		Mailing Address	·	4. FEI Number	AF	plied For
	Old Beston	Road 26			59-3216526		ot Applicabl
Suite, Apt	#, Q tC.	27	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State			City & State		6. Election Campaign Financing	\$5.00	May Be
3 homo Zip	asville, GA	28	Zip	Country	Trust Fund Contribution		
ส ี้ 3 เ		29	2.12	30	 This corporation owes or has paid Personal Property Tax due June 3 		angibie No
TAL	5-A CAPITAL CIRCLE LAHASSEE FL 32308		07, 1508, Florida Statu	83 84 City	dress (P.O. Box Number is Not Acceptable	FL 85 Zip	Code is registered
TAL 11. Pursuant t office or re agent. I er SIGNATURE	LAHASSEE FL 32308	ns 607.0502 and 60 n the State of Floric at the obligations of		83 84 City	rporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip	
TAL office or re agent. I ar SIGNATURE	De the provisions of Section ogistered agent, or both, i in familiar with, and accep	ns 607.0502 and 60 n the State of Floric at the obligations of	if applicable (NO CTORS	83 84 City Jles, the above-named co authorized by the corpor forida Statutes. PE Registered Agent sonature reg 13.	rporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Jrpose of changing it the appointment as DATE ERS AND DIRECTOR	s registere registered
TAL office or re agent. I ar SIGNATURE 12.	LAHASSEE FL 32308 o the provisions of Sectio ogistered agent, or both, i n familiar with, and accep Storeture, typed or printed name of OFF P	ns 607.0502 and 60 n the State of Floric of the obligations of General and the ICERS AND DIREC	if applicable (NO	83 84 City Jles, the above-named construction of the corportion of the corporting of the corportion of the corportion of the corporting of the co	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip furpose of changing it the appointment as	s registere registered
TAL 11. Pursuant t office or re agent. I er SIGNATURE 12. TITLE NAME	LAHASSEE FL 32308 to the provisions of Sectio ogistered agent, or both, i in familiar with, and accep Signature, typed or protect rame of OFF P MITCHELL, LELA MI	ns 607.0502 and 60 n the State of Floric of the obligations of General and the ICERS AND DIREC	if applicable (NO CTORS	83 84 City Jes, the above-named construction of the corportion of the cor	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Jrpose of changing it the appointment as DATE ERS AND DIRECTOR	s registere registered
TAL 11. Pursuant t office or re agent. I er SIGNATURE 12. 11. ITILE STREET ADDRESS	LAHASSEE FL 32308 o the provisions of Sectio ogistered agent, or both, i n familiar with, and accep Storeture, typed or printed name of OFF P	ns 607.0502 and 60 n the State of Floric of the obligations of General and the ICERS AND DIREC	if applicable (NO CTORS	83 84 City Jles, the above-named construction of the corportion of the corporting of the corportion of the corportion of the corporting of the co	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Jrpose of changing it the appointment as DATE ERS AND DIRECTOR	s registere registered
TAL 11. Pursuant t office or re agent. I er SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP THLE	LAHASSEE FL 32308 to the provisions of Sectio egistered agent, or both, i m familiar with, and accep Signature, typed or provide name of OFF P MITCHELL, LELA MC RT 1 BOX 445 THOMASVILLE GA VP	ns 607.0502 and 60 n the State of Florie at the obligations of figelence agent and life ICERS AND DIREC CCARTY	if applicable (NO CTORS	83 84 City Jes, the above-named construction of the corport authorized by the corport 101 Statutes. PE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Jrpose of changing it the appointment as DATE ERS AND DIRECTOR	IS registered
TAL 11. Pursuant t office or re agent. Ler SIGNATURE 12. 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAHASSEE FL 32308 to the provisions of Sectio egistered agent, or both, i m familiar with, and accep Signature, typed or provide name of OFF P MITCHELL, LELA MC RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II	ns 607.0502 and 60 n the State of Florie at the obligations of figelence agent and life ICERS AND DIREC CCARTY	I applicable (NO CTORS DELETE	83 84 City Jles, the above-named constructive day the corportion of the corportion of the corportion of the second statutes. ME Registered Agent signature requires the second statutes. 11 12 13. 1.1 1.2 1.3 STREET ADDRESS 1.4 2.1 TILE 2.2 NAME	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip prpose of changing it the appointment as DATE ERS AND DIRECTOF Change	IS registered
TAL 11. Pursuant t office or re agent. Ler SIGNATURE 12. 12. 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAHASSEE FL 32308 to the provisions of Sectio egistered agent, or both, i m familiar with, and accep Signature, typed or provide name of OFF P MITCHELL, LELA MC RT 1 BOX 445 THOMASVILLE GA VP	ns 607.0502 and 60 n the State of Florie at the obligations of figelence agent and life ICERS AND DIREC CCARTY	I applicable (NO CTORS DELETE	83 84 City Jes, the above-named construction of the corport authorized by the corport 101 Statutes. PE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip prpose of changing it the appointment as DATE ERS AND DIRECTOF Change	IS registered
TAL 11. Pursuant t office or re agent. Ler SIGNATURE 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priated name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	I applicable (NO CTORS DELETE	83 84 City Jles, the above-named constructive day the corportion of the corportion of the corportion of the second statutes. ME Registered Agent signature requires the second statutes. ME 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	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip prpose of changing it the appointment as DATE ERS AND DIRECTOF Change	s registere registered IS IN 12
TAL 11. Pursuant t office or re agent. I ar SIGNATURE 12. 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or private arms of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	d aspir alle (NO CTORS DELETE	83 84 City Jles, the above-named co authorized by the corpor forida Statules. 31 11 12 13. 1.1 1.2 1.3 STREET ADDRESS 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 1.1 1.4 CITY-ST-ZIP 2.1 3.1 TIFLE 3.2 3.1 1.1	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it t the appointment as DATE ERS AND DIRECTOR Change	s registered registered IS IN 12
TAL 11. Pursuant t office or re agent. I ar SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	d aspir alle (NO CTORS DELETE	83 84 City Jes, the above-named co authorized by the corpor forida Statules. 31 11 12 13 1.1 1.2 1.3 1.4 1.7-ST-ZIP 2.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 </td <td>prporation submits this statement for the puration's board of directors. I hereby accept</td> <td>FL 85 Zip urpose of changing it t the appointment as DATE ERS AND DIRECTOR Change</td> <td>s registere registered IS IN 12</td>	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it t the appointment as DATE ERS AND DIRECTOR Change	s registere registered IS IN 12
TAL office or re agent. I ar SIGNATURE	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or private arms of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	d aspir alle (NO CTORS DELETE	83 84 City Jles, the above-named co authorized by the corpor forida Statules. 31 11 12 13. 1.1 1.2 1.3 STREET ADDRESS 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 1.1 1.4 CITY-ST-ZIP 2.1 3.1 TIFLE 3.2 3.1 1.1	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it t the appointment as DATE ERS AND DIRECTOR Change	s registere registered
TAL 11. Pursuant t office or re agent. I er SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acqui cable (NC CTORS DELETE DELETE DELETE	83 84 City Jles, the above-named co authorized by the corpor forida Statules. 31 1.1 TILLE 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 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it the appointment as DAIE ERS AND DIRECTOR Change Change	s registere registered RS IN 12 Addition Addition
TAL 11. Pursuant to office or re agant. Lar SIGNATURE 12. 12. 12. 12. 12. 12. 12. 12.	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acqui cable (NC CTORS DELETE DELETE DELETE	83 84 City Dies, the above-named co authorized by the corpor forida Statules. 31 11 12 13 1.1 1.2 1.3 1.4 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.1 1.2 1.3 3.1 2.1 2.1 1.1 1.2 NAME 2.3 2.4 CITy-S1-ZIP 3.1 3.1 3.2 3.3 3.3 3.4 CITy-S1-ZIP 4.1 4.1 4.3 3.1 4.3 3.1 4.3 3.1	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it the appointment as DAIE ERS AND DIRECTOR Change Change	s registered registered IS IN 12 Addition
TAL 11. Pursuant t office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acquis able (NC) CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Jes, the above-named co authorized by the corpor forida Statules. 31 11 12 13 1.1 1.2 1.3 1.4 1.7.5 2.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip is a constraint of the appointment as a constraint of the appoint of the appointment as a constraint of the appointe constraint of the appointment as constraint of the appoi	s registere registered IS IN 12 Addition Addition
TAL 11. Pursuant to office or re agent. I er SIGNATURE 12. 11. 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acqui cable (NC CTORS DELETE DELETE DELETE	83 84 City Dies, the above-named co authorized by the corpor forida Statules. 31 11 12 13 1.1 1.2 1.3 1.4 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 1.1 1.2 1.3 3.1 2.1 2.1 1.1 1.2 NAME 2.3 2.4 CITy-S1-ZIP 3.1 3.1 3.2 3.3 3.3 3.4 CITy-S1-ZIP 4.1 4.1 4.3 3.1 4.3 3.1 4.3 3.1	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip urpose of changing it the appointment as DAIE ERS AND DIRECTOR Change Change	s registere registered IS IN 12 Addition Addition
TAL 11. Pursuant to office or reagent. Ler SIGNATURE 12. 12. 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acquis able (NC) CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Dies, the above-named co authorized by the corpor forida Statules. 31 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 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip is a constraint of the appointment as a constraint of the appoint of the appointment as a constraint of the appointe constraint of the appointment as constraint of the appoi	s registere registered IS IN 12 Addition Addition
TAL 11. Pursuant to office or reagent. Ler SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	d acquit able (NC) CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Dies, the above-named consection ized by the corport forida Statutes. 31 1.1 TILLE 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 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 4.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip is a structure urpose of changing it the appointment as DATE ERS AND DIRECTOF Change	s registere registered S IN 12 Addition Addition Addition Addition
TAL 11. Pursuant to office or re agent. I er SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	U acquis able (NC) CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Jies, the above-named construction of the corporter data statutes. The Registered Agent signature registered Agent signatered Agent signature registered Agent signature registere	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip is a constraint of the appointment as a constraint of the appoint of the appointment as a constraint of the appointe constraint of the appointment as constraint of the appoi	s registere registered IS IN 12 Addition Addition Addition Addition
TAL 11. Pursuant t office or re agent. I er SIGNATURE 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	LAHASSEE FL 32308 to the provisions of Section egistered agont, or both, i m familiar with, and accep Signature, typed or priviled name of OFF P MITCHELL, LELA MO RT 1 BOX 445 THOMASVILLE GA VP DANIEL, JOHN N. II RT 1 BOX 445 THOMASVILLE GA S DURRANCE, PATRIC RT 1 BOX 288-A	ns 607.0502 and 60 n the State of Floric the obligations of frequenciagent and the ICERS AND DIREC CCARTY	d acquit able (NC) CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	83 84 City Dies, the above-named consection ized by the corport forida Statutes. 31 1.1 TILLE 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 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 4.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	prporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip is a structure urpose of changing it the appointment as DATE ERS AND DIRECTOF Change	s registered registered RS IN 12 Addition Addition