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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300070176

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90183 033 ***150.00

PROFES	Sional Mobile Car Ser	VICE, INC.							
Principal Place	e of Business	Mailing Address						146H 4919H 1191	A BARBAR MAKA AMBI
985 BELLEFLOV		985 BELLEFLOWER DR							
PORT ORANGE FL 32127 PORT ORANGE FL 32127						DO NOT W	DITE IN THE	0.00405	
						DO NOT W 3. Date Incorporated or Qualife		S SPACE	
						10/04/1993	u		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		T A	pplied For
21	idoo or Business	26				59-3208822	•		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27	_			5. Certifcate of Status Desired		Fee F	tequired
City & Stat	е	City & State				6. Election Campaign Financing	9 🗆		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	ırrent year Ir	tangible Yes	□No
24	25	29	30	ı .		Personal Property Tax. 10. Name and Address of New	Pagistaras		
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Name and Address of Nev	/ //odiareler	- Ageill	
MIRA	ABAL, JOYCE					=			
	BELLEFLOWER DR			82 Street Add		ress (P.O. Box Number is Not Acce	otable)		
	T ORANGE FL 32127			83			_		
						<u></u>			
				84	City		F	85 Zir	Code
44 - 10	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	ites, the al	bove	-named corr	poration submits this statement for the	o numore c	f changing i	s-registered
								intmont of	enistered
office or r	registered agent or both in the State	of Florida. Such change was	authorized	ו עם ו	he corporati	on's board of directors. I hereby acc	ері іне арро	minnent as i	09.0.0.00
office or r	egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change was	authorized	ו עם ו	he corporati	on's board of directors. I hereby acc	ері іне аррі	Milliterit as i	ogioloroo
office or r	registered agent, or both, in the State im familiar with, and accept the oblig.	e of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati	ites.	ne corporati	on's board of directors. I hereby acc	DATE	munent as	
office or r agent. I a	registered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati	ites.	ne corporati	on's board of directors. Thereby acc	DATE		
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ag	ent and title if applicable (NOT	authorized orida Stati E: Registered	I by turtes.	ne corporati	on's poard of directors. I hereby acc	DATE		ORS IN 12
office or ragent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agents OFFICERS A	ent and title if applicable (NOT ND DIRECTORS	authorized orida Statu E: Registered	Agent	ne corporati	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE	egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD	ent and title if applicable (NOT ND DIRECTORS	E: Registered 13. 1.1 TR	Agent LE	ne corporati	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the oblig. OFFICERS A PTD MIRABAL, JOYCE	ent and title if applicable (NOT ND DIRECTORS	E: Registered 13. 1.1 TR 1.2 NA 1.3 ST	Agent LE	signature require	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the oblig. OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR	ent and title if applicable (NOT ND DIRECTORS	E: Registered 13. 1.1 TR 1.2 NA 1.3 ST	Agent TLE WE REET	signature require	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE	ent and title if applicable (NOT DELETE	E: Registered 13. 1.1 TR 1.2 NA 1.3 ST 1.4 Cr	Agent TLE WE REET, TY-ST	signature require	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	ent and title if applicable (NOT DELETE	E: Registered 13. 1.1 TR 1.2 NA 1.3 ST 1.4 CT 2.2 NA	Agent TLE WE REET, TY-ST	signature require	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE	ent Florida. Such change was ations of, Section 607.0505, Flerit and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NA 2.3 ST 2.4 CG	Agent Agent ILE ME REET, TY-ST. REET, TY-ST	signature require ADDRESS ADDRESS	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Discrete Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	ent and title if applicable (NOT DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT	Agent Agent TLE REET, TLE REET, TLE REET, TLE	signature require ADDRESS ADDRESS	on's poard of directors. I hereby acc	DATE	ND DIRECT	ORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	ent Florida. Such change was ations of, Section 607.0505, Flerit and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA	Agent TLE MME REET, TLE REET, TLE REET, TTY-ST	signature require ADDRESS -ZIP ADDRESS (-ZIP)	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Discrete Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	ent Florida. Such change was ations of, Section 607.0505, Flerit and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST	Agent TLE ME REET, TLE ME REET, TLE ME REET, TLE REET, TLE REET, TLE REET	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Discrete Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC	Agent TLE ME REET, TLE ME REET, TLE ME REET, TLE ME REET TLE ME REET TLE TLE TLE TLE TLE TLE TLE TLE TLE	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS TREET ADDRESS TREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered ago OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR	ent Florida. Such change was ations of, Section 607.0505, Flerit and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CI 2.1 TTI 2.2 NA 2.3 ST 2.4 CI 3.1 TTI 3.2 NA 4.1 TTI 4.1 TTI 4.1 TTI 4.1 TTI 4.1 TTI	Agent Agent ILE ME REET, ILE ME REET, ITY-ST ILE ME REET ITY-ST ILE ITY-ST	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a agent. I a 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 NAME NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the property of the oblig. OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TT 1.2 NA 1.3 ST 1.4 CZ 2.1 TT 2.2 NA 2.3 ST 2.4 CG 3.1 TT 3.2 NA 3.3 ST 4.4 CI 4.1 TT 4.2 NA	Agent ILE ME REET, ILE ME REET, ILE REET ILE AME REET RET RET REET REET	signature require ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the property of the oblig. OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CC 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NV 3.3 ST 3.4 .CC 4.1 TM 4.2 NA 4.3 ST	Agent Agent LE ME REET, TY-ST LE ME REET TLE ME REET TLE AME REET TLE AME REET REET REET REET REET REET REET	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition
office or ragent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the property of the oblig. OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CT 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NA 3.3 ST 4.4 CT 4.1 TM 4.2 NA 4.3 ST 4.4 CT	Agent LE ME REET, TY-ST LE ME REET, TY-ST LE ME REET TLE AME REET TLE AME TREET TLE AME TREET TLE TREET TLE TREET TLE TREET TY-ST	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered agent of the property of the oblig. OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CC 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NV 3.3 ST 3.4 .CC 4.1 TM 4.2 NA 4.3 ST	Agent Agent LE ME REET, ILE ME REET, ITY-SI ILE AME REET ITY-SI ILE TLE TLE TLE TLE TLE TLE TL	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 CC 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA	Agent Agent LE ME REET, ILE ME REET, ILE ME REET ILE AME	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CC 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NV 3.3 ST 4.4 CC 4.1 TM 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST	Agent Agent LE ME REET, ILE ME REET, ILE ME REET ILE AME	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CC 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NV 3.3 ST 4.4 CC 4.1 TM 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST	Agent ILE ME REET ILE ME ITY-ST ILE ME ITY-ST ILE ILE ILE ILE ILE ILE ILE IL	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 CC 2.1 TH 2.2 NA 2.3 ST 2.4 CC 3.1 TH 3.2 NA 3.3 ST 4.4 CC 4.1 TH 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC	Agent LE ME REET, TY-ST LE ME REET, TY-ST LE ME REET TY-ST LE ME REET TY-ST LE ME TY-ST LE ME TY-ST LE ME TY-ST LE ME TY-ST LE TY-ST LE TY-ST LE	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A PTD MIRABAL, JOYCE 985 BELLEFLOWER DR PORT ORANGE FL 32127 VSD MIRABAL, GEORGE 985 BELLEFLOWER DR PORT ORANGE FL 32127	a of Florida. Such change was ations of, Section 607.0505, Flent and title if applicable (NOT ND DIRECTORS DELETE DELETE DELETE DELETE	E: Registered 13. 1.1 TM 1.2 NA 1.3 ST 1.4 CC 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TM 3.2 NA 3.3 ST 3.4. CM 4.1 TM 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NA 5.3 ST 5.4 CC 6.1 TT 6.2 NA	Agent LE ME REET, TLE ME REET, TLE ME REET TLE AME REET TLE AME TY-ST TLE AME	signature require ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	on's poard of directors. I hereby acc	DATE	ND DIRECT Change	ORS IN 12 Addition Addition Addition

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 indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR