## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1996 DOCUMENT # 1. Corporation Name

P93000075640 (1)

CDA OF AMERICA, INC.

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| Principa' Place                                                                                                                                                                                                                                                                                                        | of Business                                                                                                                                                                                             | Maining Address                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ····-                                             |                                                   | BEIM BONT CAUCE                         |                                    |                                     |
| 2875 S. OCEAN BLVD.<br>STE 2109<br>PALM BEACH FL 33480<br>US                                                                                                                                                                                                                                                           |                                                                                                                                                                                                         | 2875 S. OCEAN BLVD.<br>STE 2109<br>PALM BEACH FL 33480<br>US                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                   |                                         |                                    |                                     |
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| 2. Principal Pl                                                                                                                                                                                                                                                                                                        | ace of Business                                                                                                                                                                                         | 2a. Mailing Address                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | 4. FEI Number                                     |                                         | 05/01/19                           |                                     |
| 21                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | 26                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | 65-0445502                                        |                                         |                                    | Applied For<br>Not Applicable       |
| Suite Ant                                                                                                                                                                                                                                                                                                              | #, etc.                                                                                                                                                                                                 | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                   |                                         | \$8.7                              | 5 Additional                        |
| 22                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                         | 27                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | 5. Certificate of Status De                       | sired                                   | •                                  | Required                            |
| City & State                                                                                                                                                                                                                                                                                                           | 9                                                                                                                                                                                                       | Gity & State                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | Election Campaign Fina<br>Trust Fund Contribution | ~ ~                                     | \$5.0                              | 00 May Be<br>ed to Fees             |
| Zip                                                                                                                                                                                                                                                                                                                    | Country                                                                                                                                                                                                 | Zip                                                                                                             | Cour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ntry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   | 8. This corporation has lia                       |                                         | hie tax under s                    | ed to rees                          |
| 24                                                                                                                                                                                                                                                                                                                     | 25                                                                                                                                                                                                      |                                                                                                                 | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | Florida Statutes                                  | Yes K                                   |                                    | 3 733.002,                          |
|                                                                                                                                                                                                                                                                                                                        | 9. Name and Address of Curre                                                                                                                                                                            | ent Registered Agent                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | 10. Name and Address o                            |                                         |                                    | <del>-</del>                        |
|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 81 Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ime                                               | · <del>-</del> -                                  |                                         |                                    |                                     |
| HCRM CORP.                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                         |                                                                                                                 | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>82</b> St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eet Addres                                        | ss (P.O. Box Number is Not Acceptable)            |                                         |                                    |                                     |
| 2200 CO                                                                                                                                                                                                                                                                                                                | PRPORATE BLVD., NW                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   | · · · · · · · · · · · · · · · · · · ·             |                                         |                                    |                                     |
| SUITE 4                                                                                                                                                                                                                                                                                                                | ATON FL 33431                                                                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                   |                                         |                                    |                                     |
| BOUA R                                                                                                                                                                                                                                                                                                                 | ATON FL 33431                                                                                                                                                                                           |                                                                                                                 | Ī                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>84</b> Cit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | У                                                 |                                                   |                                         | 85 Z                               | ip Code                             |
| 11. Pursuant t                                                                                                                                                                                                                                                                                                         | o the provisions of Sections 607.050 agent, or both, in the State of Flor                                                                                                                               | 02 and 607,1508, Florida Statu                                                                                  | tes the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e-name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d corooral                                        | ion submits this statement fo                     |                                         | FL   "                             |                                     |
|                                                                                                                                                                                                                                                                                                                        | telescope and the second second                                                                                                                                                                         | rida. Such chango was authori                                                                                   | ized by the c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ornorati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on's board                                        | of directors. I hereby accept                     | r trie purpose c<br>the appointme       | or changing its<br>nt as registere | registered office<br>d agent. I am  |
| or register<br>familiar wit                                                                                                                                                                                                                                                                                            | ed agent, or both, in the State of Flor<br>th. and accept the obligations of, Sec                                                                                                                       | tion 607.0505, Florida Statute                                                                                  | s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A PACIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | ,,                                                |                                         | uo rogiotoro                       |                                     |
| familiär wit<br>SIGNATURE                                                                                                                                                                                                                                                                                              | h. and accept the obligations of, Sec                                                                                                                                                                   | ction 607.0505, Florida Statute                                                                                 | 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | or poor each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | in do regiotoro                    |                                     |
| familiär wit                                                                                                                                                                                                                                                                                                           | h, and accept the obligations of, Sec<br>System type copies have disgoverable                                                                                                                           | otion 607.0505, Florida Statute                                                                                 | OTE Registered A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or poor each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | ther reinstating)                                 |                                         | ν <sub>E</sub>                     |                                     |
| familiär wit<br>SIGNATURE                                                                                                                                                                                                                                                                                              | h, and accept the obligations of, Sec<br>Square, bject a principle என விஞ்சாவித்த<br>OF FICERS AN                                                                                                       | otion 607.0505, Florida Statute<br>of and வசர்கள்கள்கள் நட<br>ND DIRECTORS                                      | OTE Angistored /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gent sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | iture required w                                  | wher reinstating ADDITIONS/CHANGES                |                                         | YE<br>AND DIRECTO                  |                                     |
| familiar wit<br>SIGNATURE _<br>12.                                                                                                                                                                                                                                                                                     | h. and accept the obligations of, Sec<br>Sgrame bled o province care விஞ்சாவத்த<br>OFFICERS AN                                                                                                          | otion 607.0505, Florida Statute                                                                                 | OTE Begishered A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | dgent signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   | wher reinstating ADDITIONS/CHANGES                |                                         | ν <sub>E</sub>                     | DRS IN 12                           |
| familiar wit SIGNATURE  12. Title                                                                                                                                                                                                                                                                                      | h. and accept the obligations of, Sec<br>Square theater province என விஞ்சாக நேர<br>OF FICERS AN<br>D<br>SHEEHAN, PATRICK J                                                                              | etion 607.0505, Florida Statute of and steed appropriet  IND DIRECTORS  DELETE                                  | 13.<br>1.1 TIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LE<br>ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | fore regulated w                                  | wher reinstating ADDITIONS/CHANGES                |                                         | YE<br>AND DIRECTO                  |                                     |
| familiar wit<br>SIGNATURE _<br>12.<br>Title<br>NAME<br>STREET ACRESS                                                                                                                                                                                                                                                   | th and accept the obligations of, Sec<br>Square traditional care of nigorial sign<br>OFFICERS AN<br>D<br>SHEEHAN, PATRICK J<br>2875 S. OCEAN BLVD., SUIT                                                | etion 607.0505, Florida Statute of and steed appropriet  IND DIRECTORS  DELETE                                  | 13. 1.1 III 1.3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lgent signi<br>LE<br>ME<br>EET ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | fore regulated w                                  | wher reinstating ADDITIONS/CHANGES                |                                         | YE<br>AND DIRECTO                  |                                     |
| femiliar wit<br>SIGNATURE _<br>12.<br>TILLE<br>NAME                                                                                                                                                                                                                                                                    | h. and accept the obligations of, Sec<br>Square theater province என விஞ்சாக நேர<br>OF FICERS AN<br>D<br>SHEEHAN, PATRICK J                                                                              | etion 607.0505, Florida Statute of and steed appropriet  IND DIRECTORS  DELETE                                  | 13. 1.1 TIF 1.3 STR 1.4 CIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LE<br>ME<br>EFT ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fore regulated w                                  | wher reinstating ADDITIONS/CHANGES                |                                         | AND DIRECTO                        | ☐ Addition                          |
| Familiar with SIGNATURE _ 12.  THE NAME STREET ADRESS C LY-SU-7 *                                                                                                                                                                                                                                                      | th and accept the obligations of, Sec<br>Square treat or price care of regional depo<br>OFFICERS AN<br>D<br>SHEEHAN, PATRICK J<br>2875 S. OCEAN BLVD., SUIT<br>PALM BEACH FL 33480                      | etion 607.0505, Florida Statule offerd short approach ND DIRECTORS DELETE                                       | 13. 1.1 TH 12 NAI 1.3 STR 1.4 CIT 2.1 TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LE<br>ME<br>SEFT ADDR<br>(*-ST-ZIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | fore regulated w                                  | wher reinstating ADDITIONS/CHANGES                |                                         | YE<br>AND DIRECTO                  |                                     |
| Familiar with SIGNATURE                                                                                                                                                                                                                                                                                                | th and accept the obligations of, Sec<br>Square treater providence of negative days<br>OFFICERS AN<br>D<br>SHEEHAN, PATRICK J<br>2875 S. OCEAN BLVD., SUIT<br>PALM BEACH FL 33480<br>V                  | etion 607.0505, Florida Statule offerd short approach ND DIRECTORS DELETE                                       | 13. 1.1 TH 12 NAI 1.3 STR 1.4 CIT 2.1 TH 2.2 NAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gent signe LE ATE EFT ADDR Y-ST-ZIP LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FSS                                               | wher reinstating ADDITIONS/CHANGES                |                                         | AND DIRECTO                        | ☐ Addition                          |
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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.

SIGNATURE:

SNAT LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96 407-547-7732