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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000083326 (7) **RV FASHIONS CORPORATION**

Principal Place of Business

Mailing Address

6625 ARGYLE FOREST BLVD.

8625 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244-6126

## **FILED** May 13 1997 8:00am Secretary of State



April 128/9.9. 904-573-9595

3a. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

11/29/1993

| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.    | 2. Principal Pl                     | ace of Business                                                                                  | 2a. Mailing Address                                                 |                                  |                                                       | 4. FEI Number                                                                          | <u> </u>                       | QA                       | plied For             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------|--------------------------|-----------------------|
| City & State  Ci  | 1                                   |                                                                                                  | ······································                              |                                  |                                                       | 59-3208706                                                                             |                                | Not Applicable           |                       |
| Trust Fund Contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sulte, Apt. #, etc.<br>22           |                                                                                                  |                                                                     |                                  | 5. Certificate of Status Desired                      | 7                                                                                      |                                |                          |                       |
| 9. Nems and Address of Current Registered Agent  PATEL BINA  •825 ARGYLE FOREST BLVD.  SUITE 5  JACKSONVILLE FL \$2244  11. Pursuant to the provisions of Socious 607,0507 and 607,1508 Florids Statutes, the above remed corporation submits this statement for the provision of Socious 607,0507 and 607,1508 Florids Statutes, the above remed corporation submits this statement for the provision of Socious 607,0507 and 607,1508 Florids Statutes, the above remed corporation submits this statement for the provision of Socious 607,0507 and 607, | City & State                        | )                                                                                                | <del> </del>                                                        |                                  | , , ,                                                 |                                                                                        |                                |                          |                       |
| 9. Name and Address of New Registered Agent PATEL, BINA  982 Street Address (P.O. Box Number is Not Acceptable)  92 Street Address (P.O. Box Number is Not Acceptable)  93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del>,</del> `                      | <b>├</b> ──                                                                                      |                                                                     |                                  |                                                       | 8. This corporation has liability for intangible tax under s. 199.032,                 |                                |                          |                       |
| PATEL BINA  925 ARGYLE FOREST BLVD. SUITE 5  JACKGONVILLE FL 32244  93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [4]                                 |                                                                                                  |                                                                     | 130                              |                                                       |                                                                                        |                                |                          |                       |
| ### BEES AROYLE FOREST BLVD.  SUITE 5  JACKSONVILLE FL 82244  ### City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DA                                  |                                                                                                  | Lindiaraten väetti                                                  | 81                               | Name                                                  | TO. Marine and Address of New New                                                      | RISTOLOG W                     | Join                     |                       |
| SUTE 5  JACKSONNILE FL 82244  63  64  City  FL 85  Zip Code  The Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the address of registered agent, or both, in the State of Florida Such change was subhorized by the corporation's submits this statement for the purpose of changing its registered of the million with, and accept the obligations of, Section 607 0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent and the Agenciate of Agent agent agent and the Agenciate of Agent agent and the Agenciate of Agent agent agent and the Agenciate of Agent  | 8825 ÅRGYLE FOREST BLVD.<br>SUITE 5 |                                                                                                  |                                                                     |                                  | 1                                                     |                                                                                        |                                |                          |                       |
| JACKSONNILE FL 32244    S3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                  |                                                                     |                                  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                                                                        |                                |                          |                       |
| ### City ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###   ###  |                                     |                                                                                                  |                                                                     |                                  | 83                                                    |                                                                                        |                                |                          |                       |
| Fursional to the provisions of Sections 607.0502 and 607.1508. Florida Statuties, the above-named corporation submits this statement for the purpose of changing its register of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, the mismilar with, and accept the obligations of, Socion 607.0505, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as registered agent ag    | u/ v                                | SHOOTHILL TE OFFT                                                                                |                                                                     | 63                               |                                                       |                                                                                        |                                |                          |                       |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Fiorida Statules, the above-named corporation submits this statement for the pursues of changing its register office or register of blink in the State of Bridds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Soction 607 0505, Fiorida Statules.    SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                  |                                                                     | 84                               | City                                                  |                                                                                        | E1                             | 85 Zip (                 | Code                  |
| Office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in an accept the obligations of, Section 607 SOS, Florida Statutes.  SIGNATURE  Signature, typed or primed nome of represed agent and take it appreciable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  I 11 ITILE  ACCESS ARGYLE FOREST BLVD., #5  JACKSONVILLE FL 32244  I 14 CITY-ST-ZIP  ITILE  WAVE  STREET ADDRESS  STREE  | 11 Preguent t                       | a the provisions of Sections 607.050                                                             | 2 and CO7 1509 Florida Statut                                       | loo the about                    | nomad on                                              | possion authorite this statement for the a                                             |                                | <u> </u>                 |                       |
| SIGNATURE   Signature, typed or printed name of regionred agriculated (NOTE Registered Agriculative required when reintritising)   DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | office or re                        | egistered agent, or both, in the State                                                           | of Florida. Such change was                                         | authorized by                    | the corpora                                           | tion's board of directors. I hereby accep                                              | urpose or c<br>at the appoi    | nanging it<br>intment as | registered            |
| Signature   Signature   Signature   Signature of registered again and 1864 appreciate   Committee       |                                     | n tamiliar with, and accept the obliga                                                           | ations of, Section 607.0505, Fl                                     | orida Statules                   | S.                                                    |                                                                                        |                                |                          |                       |
| TITLE PATEL BINA 6825 ARGYLE FOREST BLVD., #5 JACKSONVILLE FL 32244  DELETE JULY-ST-ZIP STREET ADDRESS JACKSONVILLE FL 32244  DELETE JULY-ST-ZIP TITLE JULY-ST-ZIP TITLE JULY-ST-ZIP TITLE JULY-ST-ZIP TITLE JULY-ST-ZIP TITLE JULY-ST-ZIP  | SIGNATURE .                         | Signature typed or printed pemo of registered and                                                | ni and tile it annicable (NOT                                       | F. Bogistoron And                | of Soundary feet                                      | irad when reinstatura)                                                                 | DATE                           |                          |                       |
| PATEL BINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.                                 |                                                                                                  | <del></del>                                                         |                                  | The digitation of response                            |                                                                                        |                                | DIRECTOR                 | S IN 12               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TITLE                               |                                                                                                  |                                                                     |                                  |                                                       | · · · · · · · · · · · · · · · · · · ·                                                  |                                | Change                   | Addition              |
| DELETE   JACKSONVILLE FL 82244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NAME                                |                                                                                                  |                                                                     | 1,2 NAME                         |                                                       |                                                                                        |                                |                          |                       |
| 14 CMY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS                      |                                                                                                  | ., #5                                                               | 1.3 STREET                       | ADDRESS                                               |                                                                                        |                                |                          |                       |
| DELETE   DELETE   2 1 TITLE     Change   Addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | l                                   | JACKSONVILLE FL 32244                                                                            |                                                                     |                                  |                                                       |                                                                                        |                                |                          |                       |
| 2.3 STREET ADDRESS   2.4 CRTY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TITLE                               |                                                                                                  | ☐ DELETE                                                            |                                  |                                                       |                                                                                        |                                | Change                   | Addition              |
| 2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                |                                                                                                  |                                                                     | 2.2 NAME                         |                                                       |                                                                                        |                                |                          |                       |
| DELETE   DELETE   STREET ADDRESS   STR    | STREET ADDRESS                      |                                                                                                  |                                                                     | 2.3 STREET                       | ADDRESS                                               |                                                                                        |                                |                          |                       |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY-ST-ZIP                         |                                                                                                  |                                                                     | 2. 4 CITY-                       | S1 - 7/P                                              |                                                                                        |                                |                          |                       |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-51-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE                               |                                                                                                  | DELETE                                                              | 31 TITLE                         |                                                       |                                                                                        |                                | Change                   | Addition              |
| 34. CITY-ST-ZIP   34. CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                                |                                                                                                  |                                                                     | 3.2 NAME                         |                                                       |                                                                                        |                                |                          |                       |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                      |                                                                                                  |                                                                     | 3.3 STREET                       | ADDRESS                                               |                                                                                        |                                |                          |                       |
| A 2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CITY-ST-ZIP                         |                                                                                                  |                                                                     | 3 4. CITY - 5                    | S1 - Z(P                                              |                                                                                        |                                |                          |                       |
| A3 STREET ADDRESS   A3 STREET ADDRESS   A4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TITLE                               |                                                                                                  | ☐ DELETE                                                            | 4.1 TITLE                        | ļ                                                     |                                                                                        | I                              | Change                   | Addition              |
| A CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                                |                                                                                                  |                                                                     | 4. 2 NAME                        |                                                       |                                                                                        |                                |                          |                       |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                      |                                                                                                  |                                                                     | 4.3 STREET                       | ADORESS                                               |                                                                                        |                                |                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY-ST-ZIP                         |                                                                                                  |                                                                     |                                  | T-ZIP                                                 | · · · · · · · · · · · · · · · · · · ·                                                  |                                |                          |                       |
| 5.3 STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TITLE                               |                                                                                                  | L DELETE                                                            | 51 TALE                          |                                                       |                                                                                        | L                              | ] Change                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAME                                |                                                                                                  |                                                                     | 5.2 NAME                         |                                                       |                                                                                        |                                |                          |                       |
| ######################################                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                      |                                                                                                  |                                                                     | 5.3 STREET                       | AUDRESS                                               |                                                                                        |                                |                          |                       |
| STREET ADDRESS  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITY-ST-ZIP                         |                                                                                                  | T priese                                                            |                                  | T - ZIP                                               |                                                                                        |                                | <b>-</b>                 | <del></del>           |
| STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TITLE                               |                                                                                                  | LJ DELETE                                                           | •                                |                                                       |                                                                                        | L                              | Change                   | ☐ Addition            |
| CTTY-ST-ZIP 6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NAME                                |                                                                                                  |                                                                     |                                  |                                                       |                                                                                        |                                |                          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS                      |                                                                                                  |                                                                     | 1                                | í                                                     |                                                                                        |                                |                          |                       |
| 16. I TO DEFETY POPULY IDEA INC. INCOMPLIAN CURRENCE WITH this tilture does not qualify for the examplian elected in Section 118 (17/2)(i). Elected Statutes I further earth, that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY-ST-ZIP                         |                                                                                                  | 1 21 11 22                                                          |                                  |                                                       |                                                                                        |                                |                          |                       |
| information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14. I do heret<br>informatio        | <b>by certify that the information supplied</b><br><b>n indicated on this annual report or s</b> | d with this filing does not quali<br>upplemental annual report is t | ity for the exe<br>Irue and acci | mption state<br>and the                               | d in Section 119.07(3)(i), Florida Statute:<br>t my signature shall have the same lega | s. I further d<br>Leffect as i | certify that             | the<br>derioath: thai |