


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90014 038 \*\*\*150.00

| <b>DOCUMENT # P93000087660</b><br>1. Entity Name<br><b>AAALLSAFE MORTGAGE CORPORATION</b>  |                         |  |   |                                  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|-------------------------|--|---|---|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|---------------------|--|----------------|----|--|-------------|-------------------------|--|-------------|----------------|--|-------|----|--|-------|-----------------|--|------|--------------------|--|------|----------------------|--|----------------|----------------|--|----------------|--|--|-------------|----------------------|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br>1227 DEL PRADO BLVD<br>STE 201<br>CAPE CORAL, FL 33990  |                         |  | Mailing Address<br>1227 DEL PRADO BLVD<br>STE 201<br>CAPE CORAL, FL 33990           |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                         |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State   |                         |  | City & State  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip  |                         | Country                                    |   | Zip   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Country  |                         | Country                                    |   | 4. FEI Number<br><b>65-0453465</b>  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                         |  |   | Applied For<br>Not Applicable   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SPEARS, MERWIN P</b><br><b>7720 NALLE GRADE RD</b><br><b>N. FORT MYERS, FL 33917</b>   |                         |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |                         |  |   | \$8.75 Additional Fee Required  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |                         |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>\$5.00 May Be Added to Fees</b>   |                         |  | DATE  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7720 NALLE GRADE RD</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">ST</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">N. FORT MYERS, FL 33917</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">DOUGLAS A SAGE</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">ST</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">1717 NE 3RD AVE</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">INTORCIA, JOSEPH J</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CAPE CORAL, FL 33909</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3942 SE 9TH CT</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CAPE CORAL, FL 33904</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                         |  |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7720 NALLE GRADE RD |  | STREET ADDRESS | ST |  | CITY-ST-ZIP | N. FORT MYERS, FL 33917 |  | CITY-ST-ZIP | DOUGLAS A SAGE |  | TITLE | ST | <input checked="" type="checkbox"/> Delete | TITLE | 1717 NE 3RD AVE | <input checked="" type="checkbox"/> Addition | NAME | INTORCIA, JOSEPH J |  | NAME | CAPE CORAL, FL 33909 |  | STREET ADDRESS | 3942 SE 9TH CT |  | STREET ADDRESS |  |  | CITY-ST-ZIP | CAPE CORAL, FL 33904 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | NAME                    | <input type="checkbox"/> Delete            | TITLE   | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 7720 NALLE GRADE RD     |  | STREET ADDRESS  | ST  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | N. FORT MYERS, FL 33917 |  | CITY-ST-ZIP   | DOUGLAS A SAGE  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | ST                      | <input checked="" type="checkbox"/> Delete | TITLE   | 1717 NE 3RD AVE   | <input checked="" type="checkbox"/> Addition                      |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | INTORCIA, JOSEPH J      |  | NAME  | CAPE CORAL, FL 33909  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 3942 SE 9TH CT          |  | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | CAPE CORAL, FL 33904    |  | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                         |  | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                         |  | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                         | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                         |  | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  |                         |  |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| SIGNATURE: <i>Merwin Spears</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                         |  | 4-3-04 239-574-7474<br><small>Date Daytime Phone #</small>                          |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                     |  |                |    |  |             |                         |  |             |                |  |       |    |  |       |                 |  |      |                    |  |      |                      |  |                |                |  |                |  |  |             |                      |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |