

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 8:28

DOCUMENT # P94000004794 (1)

1. Corporation Name:

PRO AD, INC.

Principal Place of Business

3501 SPRINGVILLE DR
VALRICO FL 33594

Mailing Address

3501 SPRINGVILLE DR.
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

4. FEI Number

59-3237142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DELVISCO, THOMAS M
3501 SPRINGVILLE DR.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (agent or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DELVISCO, THOMAS M
STREET ADDRESS 3501 SPRINGVILLE DR.
CITY ST ZIP VALRICO FL 33594

TITLE D
NAME ARNOLD, LINDA L
STREET ADDRESS 3501 SPRINGVILLE DR.
CITY ST ZIP VALRICO FL 33594

TITLE D
NAME ACORN, GEORGE E
STREET ADDRESS 630 FOREST HILLS DR.
CITY ST ZIP BRANDON FL 33510

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 96 PM 01:13

DOCUMENT # P94000004998 (8)

1. Corporation Name

BRANDT BILLIARD SUPPLY OF MARGATE, INC.

Principal Place of Business

12425 NW 7 AVE
N MIAMI FL

Mailing Address

12425 NW 7 AVE
N MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

County

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

County

4. FEI Number

65-0475369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under § 199.002,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOPPEN, R. DANIEL
700 NE 90 ST
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person in printed name of registered agent and title of applicant)

(Signature of Registered Agent; signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANDT, DANIEL W
STREET ADDRESS	636 NE 101 ST
CITY, ST, ZIP	MIAMI SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. BRANDT

Signature
Date

305-688-2661

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
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PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CORPORATIONS
65 JUL 26 AM 10:15

DOCUMENT # P94000006196 (7)

1. Corporation Name

SASSY FASHIONS, INC.

Principal Place of Business

23 N MIAMI AVE
MIAMI FL 33128

Mailing Address

23 N MIAMI AVE
MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

4. FEI Number

65-0462818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Taxable Income

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.035,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LOPEZ, PETER R
28 W FLAGLER ST
SUITE 202
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROZEN, URI
STREET ADDRESS 23 N MIAMI AVE
CITY, ST, ZIP MIAMI FL 33128

TITLE STD
NAME ROZEN, STELLA
STREET ADDRESS 23 N MIAMI AVE
CITY, ST, ZIP MIAMI FL 33128

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URI ROZEN

6/19/95

305-
3736541

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008286 (4)

1. Corporation Name

J M G INVESTMENTS, INC.

Principal Place of Business

**5535 S.W. 112TH CT.
MIAMI FL 33165**

Mailing Address

**5535 S.W. 112TH CT.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

County

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

County

30

4. FEI Number

65-0474081

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOMEZ, JOSE M
5535 S.W. 112TH CT.
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person (or printed name of registered agent) and title of corporation

Signature of Registered Agent (signature required when transacting)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

GOMEZ, JOSE M

STREET ADDRESS

5535 S.W. 112TH CT.

CITY, ST, ZIP

MIAMI FL 33165

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of name in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Electronic Filing #

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000008612 (1)

CEDAR HOLLOW PARTNERSHIP, INC.

Principal Office Address: 2900 HAINES BAYSHORE RD. UNIT 101 CLEARWATER FL 34620
Mailing Address: 2900 HAINES BAYSHORE RD. UNIT 101 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1994		3a. Date of Last Report	
4. FEI Number 59-3221223		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for interstate tax under a 100-099, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent MIZIO, ARMANDO F 25400 U.S. 19 NORTH SUITE 210 CLEARWATER FL 34623		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the address set forth in the date of Florida Statute change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the designation of the new registered office.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME DPS WAHABI, RAZI H 2900 HAINES BAYSHORE RD., UNIT 101 CLEARWATER FL 34620		☒ Change ☐ Addition	
2. NAME		1.1 TITLE Wahab, Razi H.	
3. NAME		1.2 NAME	
4. NAME		1.3 STREET ADDRESS	
5. NAME		1.4 CITY, ST, ZIP	
6. NAME		2.1 TITLE	
7. NAME		2.2 NAME	
8. NAME		2.3 STREET ADDRESS	
9. NAME		2.4 CITY, ST, ZIP	
10. NAME		3.1 TITLE	
11. NAME		3.2 NAME	
12. NAME		3.3 STREET ADDRESS	
13. NAME		3.4 CITY, ST, ZIP	
14. NAME		4.1 TITLE	
15. NAME		4.2 NAME	
16. NAME		4.3 STREET ADDRESS	
17. NAME		4.4 CITY, ST, ZIP	
18. NAME		5.1 TITLE	
19. NAME		5.2 NAME	
20. NAME		5.3 STREET ADDRESS	
21. NAME		5.4 CITY, ST, ZIP	
22. NAME		6.1 TITLE	
23. NAME		6.2 NAME	
24. NAME		6.3 STREET ADDRESS	
25. NAME		6.4 CITY, ST, ZIP	

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information is correct and that the information reported is true and accurate and that my signature shall have the same legal effect as if made under oath. That I agree to be bound by the provisions of the law and to be empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE: *Razi H. Wahab* **Razi H. Wahab - President June 19, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008946 (3)

1. Corporation Name

GO AND SEE, INC.

Principal Place of Business

Mailing Address

**14115 RED ROBIN COURT
ORLANDO FL 32824**

**14115 RED ROBIN COURT
ORLANDO FL 32824**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/26/1994

4. FEI Number

59-3223232

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 190.012,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. County

29. County

25. State

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOGUE, DEBBIE
14115 RED ROBIN COURT
ORLANDO FL 32824**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607 (P607) and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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. I am familiar with and accept the obligations of Section 607 0505, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent with Power of Attorney)

(Signature of Agent or Registered Agent with Power of Attorney)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D BOGUE, DEBBIE
2. STREET ADDRESS	14115 RED ROBIN COURT
3. CITY, ST., ZIP	ORLANDO FL 32824
4. NAME	
5. STREET ADDRESS	
6. CITY, ST., ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST., ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST., ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST., ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST., ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST., ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 190.012, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or new an attachment with an addition.

SIGNATURE: Debbie Bogue **Debbie Bogue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/95

813-424-6099