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

SECRETARY OF STATE TALLARASSEE, FLORIDA Principal Plack of Businers Mailing Address Mailing Address Phillip C PAUL 13105 VANDERBILT DR UNIT \$606 NAPLES, FLORIDA 34110 2. Principal Plack of Businers Sull-Apt. 4, Pigli Number 2. In Figli Number 3. Date incorporation does of Subsus Dipaked I Pee Required Presenting In St. 75 Addissional Present Presenting In Added to Pees 3. Date incorporation over the current year internal Presenting In Added to Pees 3. In Figli Number 4. In Figli Number 4. In Figli Number 4. In Figli Number 4. In Figli Number 5. Out of Subsus Dipaked I Pees Addissional Presenting In St. 75 Addissional Present Address In St. 7	COI ANNI	PROFIT RPORATION UAL REPORT 1999			Katheri Secretar DIVISION OF C	RIMENT OF STATE ne Harris y of State CORPORATIONS	-	99 JAN 14		-	-	
Principal Place of Business 13105 VANDERBUT DR UNIT #606	DOCU 1. Corporation	MENT #	19400	002	7499							
PHILIP C PAUL 1310S VANDERBILT DR UNIT #508 NAPLES, FLORIDA 34110 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Philip C PAUL 2. Sulle, Apt. #, PHILIP C PAUL 3. Sulle, Apt. *, PHILIP C PAU	F	tuttor	MA	NAGI	MERT	Conp. H	C.	TALLAHASS	EE.FLUKIU <i>f</i>	4		
### DO NOT WRITE IN THIS SPACE 20	Principal Plac	of Business		Mailing	Address		_ - _					
Sulin, Apt. 4, pipili IP C PAUL Sulin, Apt. 4, pipili IP C PAUL Suling ANGLES, FLORIDA 34110 City a Mark Les, FLORIDA 34110 City a Mark Les, FLORIDA 34110 City a Mark Les, FLORIDA 34110 Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	13105 VANDERBILT DR UNIT #506							<u></u>				
Suits Apt # Part De Paul 20 20 20 20 20 20 20 2		Place of Business			ng Address	: = 7 2 ·		~ ~ · · · ·	/ 7			
The provision of the provisions of Sections 07 5600 and 607 1608, Florida Statutes, the approximate operation submits this statement for the purpose of changing its registered agent. The provision or Sections or Sectio	Suite, Apt.	#.PHILIP C PA	JL	Suite	ì∍Àfic™vXNn⊨F	RRILT DR UNIT #6	i06		□ \$8.	75 Additi	onal	
29 25 U.S.A. 29 29 20 25 U.S.A. 20 20 25 U.S.A. 20 20 25 U.S.A. 20 U.	City & SA	RLES, FLORIDA	R UNIT #606 1 34110			E :			et e			
28 25 US / 29 30 Personal Property Tax. Yes No		· · · · · · · · · · · · · · · · · · ·	nuitry 🛕						A	ded to Fe		
PHILIP C PAUL 13105 VANDERBILT DR UNIT #606 NAPLES, FLORIDA 34110 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, file above-named comporation submits this statement for the provisions of Sections 607 0502 and 607 1508, Florida Statutes, file above-named comporation submits this statement for the provisions of Sections 607 0502 and 607 1508, Florida Statutes, file above-named comporation submits this statement for the provisions of Sections 607 0502, Florida Statutes, file above-named comporation submits this statement for the provisions of Sections 607 0503, Florida Statutes, file above-named comporation submits this statement for the propose of changing its registered office or registered against a registered of the comporation in the Statute of t		25	US/4	29			Personal	Property Tax.	□Ye	_	•	
PHILIP C PAUL 13105 VANDERBILT DR UNIT #606 NAPLES, FLORIDA 34110 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 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, 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 and advantage of the state of Florida Statutes. SIGNATURE 12. OFFICIENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADMS 15. STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. Change Addition 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS IN 12. 10. Change Addition 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND		9. Name and A	ddress of Current	Registered		81 Name	10. Name an	d Address of New F	Registered Agent			
11. Pursuant to the provisions of Sections 607 (5502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes day the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent, I am femiliar with, and accept the origination of Sections of 7,6505, Florida Statutes. SIGNATURE 12.					·	-!!	ddresa 64 6 E Bax W	HLIP G PAUL DE	able)			
SA City FL S5 Zip Code		13105 VAND	ERBILT DR UN	T #606						_ _		
11. Pursuant to the provisions of Sections 607 (502) and 607 (508, Florida Statules, 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 and amiliar with, and accept the obligations of, Section 607 (505, Florida Statules, Signature, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Signature, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Signature, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Signature, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Indeed or provisions), and accept the obligations of, Section 607 (505, Florida Statules, Indeed or provisions), and accept the obligations of Change Addition	.	NAPLES										
office or registered, agent, or both, in the State of Florida. Such change was authoritized by the corporation's board of directors. I hereby accept the appointment as registered agent and tits if topologisters of Section 607.			, FLORIDA 341	טרי			- <u></u>					
SIGNATURE Signature, typidd or printed name of registered agent and bits if application. PATE Registered agent signature required when refracting) DATE		51.4.5 1 3 3		<i>;</i>		84 City			FL 85			
Signature, typed or printed name of registered agent and time if agnification. Note: Replaced Agent signature required when rehresting) DATE	11. Pursuant office or r	to the provisions of registered agent, or	Sections 607.0502	and 607.150	08, Florida Statute ch change was au	84 City	orporation submits t	nis statement for the	FL 85	na its reais	tered ed	
TITLE	office or r agent. I a	to the provisions of registered agent, or am familiar with, and	Sections 607.0502	and 607.150	08, Florida Statute ch change was au on 607,0505, Flori	84 City	orporation submits t	nis statement for the	FL 85	na its reais	tered ed	
13105 VANDERBILT DR UNIT #606 12 NAME 13 NAPLES, FLORIDA 34110 13 NAME 13 NAPLES, FLORIDA 34110 14 OTTY-ST-ZP 14 OTTY-ST-ZP 14 OTTY-ST-ZP 14 OTTY-ST-ZP 15 OTTA-1 16	office or r agent. I a SIGNATURE	registered agent, or am familiar with, and	Sections 607,0502 both, in the State of accept the obligation	and 607,150 f Florida, Suc ons of, Section	ch change was au on 607.0505, Flori	s, the above-named or thorized by the corpora ida Statutes.	corporation submits to ration's board of directions	nis statement for the ctors. I hereby accep	purpose of changing the appointment	ng its regis as register	ed	
CITY-ST-ZP	office or ragent. I a SIGNATURE	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND	and 607.150 of Florida, Sucons of, Section and life if applica DDIRECTOR	ch change was au on 607.0505, Flori ble. (NOTE:	s, the above-named or throrized by the corpora ida Statutes.	corporation submits to ration's board of directions	nis statement for the ctors. I hereby accep	purpose of changing the appointment	ng its regis as register ECTORS I	ed	
TITLE	office or agent. I a SIGNATURE 12. TITLE NAME	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sucons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori ible. (NÖTE: RS	s, the above-named or throrized by the corporada Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME	corporation submits to ration's board of directions	nis statement for the ctors. I hereby accep	purpose of changing the appointment	ng its regis as register ECTORS I	ed	
CITY-ST-ZIP	office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sucons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori ible. (NÖTE: RS	s, the above-named or throrized by the corpord da Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	corporation submits to ration's board of directions	nis statement for the ctors. I hereby accep	purpose of changing the appointment	ng its regis as register ECTORS I	v 12 Addition	
CITY-ST-ZIP	office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sucons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori NOTE: RS DELETE	84 City s, the above-named or thorized by the corporada Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	corporation submits to ration's board of directions	nis statement for the ctors. I hereby accep	purpose of changi of the appointment DATE FICERS AND DIR	ng its regis as register ECTORS II	ed V12 Addition	
TITLE	Office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori NOTE: RS DELETE	84 City s, the above-named controlled by the corporate Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acceptions of the ctors of the c	purpose of changi of the appointment	ng its regis as register ECTORS II ange	N 12 Addition	
NAME STREET ADDRESS CITY-ST-ZPP TITLE DELETE 4.1 TITLE Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE AAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS STREET ADDRESS G.3 STREET ADDRESS STREET ADDRESS G.3 STREET ADDRESS	office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori NOTE: RS DELETE	84 City s, the above-named or thorized by the corporate Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changist the appointment DATE FICERS AND DIR Ch	ng its register as register ECTORS II ange	N 12 Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS	Office or agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori DELETE DELETE DELETE	84 City s, the above-named controlled by the corporate Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment of the appointm	as register ECTORS II ange DIT 150.0	ed N 12 Addition Addition	
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE STREET ADDRESS	Office or agent. I a agent. I a seem of the seem of th	registered agent, or am familiar with, and Signature, typed or printer	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori DELETE DELETE DELETE	84 City s, the above-named controlled by the corporate Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment of the appointm	as register ECTORS II ange DIT 150.0	ed N 12 Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS	Office or agent. I a agent. I a signature 12. Title name street address city-st-zip title name street address city-st-zip title name street address city-st-zip title name	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori DELETE DELETE DELETE	84 City s, the above-named or thorized by the corporda Statutes. Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment of the appointm	as register ECTORS II ange DIT 150.0	ed N 12 Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS	Office or agent. I a agent. I a seem of the seem of th	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori liste. (NOTE: RS DELETE DELETE DELETE	84 City s. the above-named controlled by the corporate Statutes. Registered Agent signature regions 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49-01038- 0.00 ****	ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange	N 12 Addition Addition Addition	
CITY-ST-ZIP	Office or agent. I a signature 12. Title Name Street address city-st-zip title	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori liste. (NOTE: RS DELETE DELETE DELETE	84 City s. the above-named or thorized by the corporda Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49-01038- 0.00 ****	ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange ange	N 12 Addition Addition Addition	
NAME STREET ADDRESS CITY_ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 5.3 STREET ADDRESS 5.4 CITY_ST-ZIP TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 1.4 CGG GGA CHANGE CHANG	Office or agent. I a agent. I a agent. I a service of the service	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori liste. (NOTE: RS DELETE DELETE DELETE	84 City s. the above-named controlled by the corporate Statutes. Registered Agent signature regions 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49-01038- 0.00 ****	ange ange ange ange ange ange ange ange ange	N 12 Addition Addition Addition	
STREET ADDRESS CITY_ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 1.4 (CG 9GA)	Office or agent. I a agent. I a agent. I a serve the ser	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	ch change was au on 607.0505, Flori liste. (NOTE: RS DELETE DELETE DELETE	84 City s. the above-named controlled by the corporate Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49-01038- 0.00 ****	ange ange ange ange ange ange ange ange ange	N 12 Addition Addition Addition	
CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 13 14/66 96A	Office or agent. I a agent. I a agent. I a service of the service	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE	84 City s, the above-named or throrized by the corporate of the corporate	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49245 99-01038- 0.00 *****	ange	Addition Addition Addition Addition	
TITLE G.1 TITLE G.1 TITLE G.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 1.44/GG 9GA7	Office of ragent. I a agent. I a agent. I a agent. I a serve a agent. I a serve a agent. I a agent.	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE	s, the above-named or thorized by the corporated by the corporated by the corporated a Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49245 99-01038- 0.00 *****	ange	Addition Addition Addition Addition	
STREET ADDRESS TS \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Office or agent. I a agent. I a agent. I a service of the service	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE	s, the above-named or thorized by the corporated by the corporated by the corporated a Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TITLE 5.5 NAME 5.5 STREET ADDRESS 6.5 STREET ADDRESS	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 49245 99-01038- 0.00 *****	ange	Addition Addition Addition Addition	
13 (10/00 197)	Office of ragent, I a agent, I a agent, I a seem of the seem of th	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE DELETE	s, the above-named or throrized by the corporated by the corporated by the corporated Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 39-01038- 0.00 ****	ange ange ange ange ange ange ange ange	Addition Addition Addition Addition	
emver and 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Office of ragent, I a agent, I a agent, I a seem of the seem of th	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE DELETE	S. the above-named or throrized by the corporated by the corporated by the corporated Statutes. Registered Agent signature region 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 39-01038- 0.00 ****	ange ange ange ange ange ange ange ange	Addition Addition Addition Addition	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	Office of ragent, I a agent, I a agent, I a seem of the seem of th	registered agent, or am familiar with, and Signature, typed or printer PACS-16 13105 VA	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DR	and 607.150 of Florida. Sur ons of, Section and lide if applica D DIRECTOR	Ch change was au on 607.0505, Flori Bia. (NOTE: RS DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named or throrized by the corporate of the corporate	corporation submits to ration's board of direction's board of direction (and the submits of the	nis statement for the ctors. I hereby acception of the ctors of the ct	purpose of changing the appointment DATE FICERS AND DIR Ch 39-01038- 0.00 ****	ange ange ange ange ange ange ange ange	Addition Addition Addition Addition	
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	Office of ragent. I a agent. I a agent. I a series of ragent. I a series of ragent. I a series of ragent address city-st-zip title name street address city-st-zip title name.	registered agent, or am familiar with, and Signature, typed or printer 13105 V/NAP	Sections 607,0502 both, in the State of accept the obligation of registered agent OFFICERS AND PHILIP C PAU ANDERBILT DRILES, FLORIDA	and 607.156 f Florida, Sucons of, Sections of, Sections of, Sections of Sec	Ch change was au on 607.0505, Flori Change was au on 607.0505, Flori DELETE DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named controlized by the corportion Statutes. Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP 6.7 STREET ADDRESS 6.8 CITY-ST-ZIP 6.9 STREET ADDRESS 6.9 STREET ADDRESS 6.9 STREET ADDRESS 6.9 STREET ADDRESS 6.1 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	orporation submits the ration's board of directions and an applications and applications and applications are refreshelded.	nis statement for the ctors. I hereby acceptions. I	purpose of changing the appointment DATE FICERS AND DIR Gh Gh Gh Gh Gh	ange	Addition Addition Addition Addition	

941-566-3130 Caystria Phone #