DOCUN 1. Entity Name	MENT	# P940000	NESS REPO 31745	ORT (UBF	<b>R)</b>			etary		ate
Principal Place 940 N.W. 51ST I FT. LAUDERDAL	PL. + ,	×+	Mailing Address No 940 N.W. 519T PL. FT. LAUDERDALE FL-39909							<b>-</b> -
2. Principal Pl	ace of Bûsine		3. Mailing Address	Line Rd						
For T-Jo	# 'eic.	.le~~	Suite, Apt, #, etc.	ale			DO NOT			
City & State FLOTIDE		City & State FLORIDA			4. FEI Nu	umber 65-048			plied For t Applicable	
3330°		Country	<sup>Zip</sup> 33309	Country		5. Certific	cate of Status Desi	red	\$8.75 Add Fee Required	itional
1098	on, Harry 1 n.w. 1211 Itation FL	I DRIVE		Name Street A City	His ddress (P.		mher, is Not Accep			• • • • • • • • • • • • • • • • • • •
9. This corpo Tax filing re	ration is eligit	printed name of registered agent a ble to satisfy its Intangible d elects to do so.	FILE NOW	E: Registered Agent signat III FEE IS \$150.0 000 Fee will be \$5 ble to Departmen	)0 i50.00	10.	. Election Campai Trust Fund Contri		\$5.0	0 May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND IARRY J I. 12TH DRIVE DN FL 33322	DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIC	NS/CHANGES TO	) OFFICERS AN	ND DIRECTORS	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HISHON, 1 10981 N.W	THERESA A 1. 12TH DRIVE ON FL 33322	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HISHON, ( 10981 N.V	Christina V. 12th Drive Dn Fl 33322	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hisho 7475 Lavde	sn, C TNU	hristina 44th Florida	Stieet 3331	S Change 0 pt 811 9 t.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME Street Address City-St-Zip					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			💭 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
<ul> <li>13. I hereby c indicated of the cor changed,</li> <li>SIGNAT</li> </ul>	on this report poration or th or on an atta	tor supplemental report is e receiver or tristee empt chment with an endress, v	this filing does not qualify for true and accurate and that owered to execute this repor- with all other the empty of the report of the empty of the report of the empty of the report of the empty of the empty of the report of the empty of the empty of the report of the empty of the empty of the empty of the report of the empty of the empty of the empty of the empty of the report of the empty of the empty of the empty of the empty of the report of the empty	my signature shall r t as required by Cha	ted in Sec ave the s apter 607,	tion 119.0 ame legal Florida Sta	7(3)(i), Florida Stat effect as if made u atutes: and that my Date	iutes. I further c nder oath; that / name appears	certify that the in I am an officer s in Block 11 or (9.54) 492-1 Deytime Phone #	Block 12 if