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

```PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000043458 (6)

BARNETT BANK PREMISES COMPANY - NORTH DALE MABRY

| S. Date Interpreted of Custified   Sa. Date   Clast Report   Charge   Flace of Business   2a. Ma ling Address   4. FEI Pathiers   Applied Fr. Sp. 250808   N. IX Applied Fr. Sp. 250808    | Principal Plac<br>D N LAURA S'<br>AIL CODE 09:<br>AX FL 32202 |                                        | Mailing Address 50 N. LAURA STREET ATTEN: REG RELATIONS JACKSONVILLE FL 32202-36 | SS4           |                                        |                                             |                                       |             |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------|---------------|----------------------------------------|---------------------------------------------|---------------------------------------|-------------|---------------------------------------|
| 2. Principal Pair of Business   2a. Mailing Address   4. FET Number   59-9250806   Not Applied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                        |                                                                                  | 1.300-4       |                                        | 1 51 7                                      |                                       |             |                                       |
| Suito, Apr. # elic.    Suito, Apr. # elic.   27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N. Oriocinai D                                                | None of Devices                        | Se Mailing Addross                                                               |               |                                        |                                             | U4/12/                                |             | alia di Faa                           |
| Salte. April in clo    City & State   City & City & State   City & |                                                               | lace or business                       |                                                                                  |               |                                        |                                             |                                       |             | · · · · · · · · · · · · · · · · · · · |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & City & State   City & State  |                                                               | #. olc.                                |                                                                                  |               |                                        |                                             | 57                                    |             |                                       |
| City & State    Country   29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               |                                        | 27                                                                               |               |                                        | 5. Certificate of Status Desired            | ZSI Y                                 |             |                                       |
| Zip    |                                                               | ÷                                      | City & State                                                                     |               |                                        | 6. Election Campaign Financing              |                                       | \$5.00      | May Be                                |
| 9, Name and Address of Current Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Name and Address of New Registered Agent  13, Name and Address of New Registered Agent  14, Name and Address of New Registered Agent  15, Name and Address of New Registered Agent  16, Name and Address of New Registered Agent  17, Name and Address of New Registered Agent  18, Name and Address of New Registered Agent  19, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Name and Address of New Registered Agent  13, Name and Address of New Registered Agent  14, Name and Address of New Registered Agent  15, North Laura Street  15, Name and Agent and New Registered Agent  16, Name and Agent and New Registered Agen | ****                                                          |                                        |                                                                                  |               |                                        | Trust Fund Contribution                     |                                       | Added       | to Fees                               |
| GRAF, JEFFREY K 50 N LAURA STREET MAIL CODE 699 000 1488 JAX FL 32202  B3 Ma11 Code 099-000-0907  64 City  Jacksonville, FL  65 Zip Code 32202  65 Ma11 Code 099-000-0907  66 Jacksonville, FL  67 Jacksonville, FL  68 Jacksonville, FL  69 Jacksonville, FL  60 Jacksonville, Independent appointment as register dependent appointment as |                                                               | <del> </del> 1                         | —————————————————————————————————————                                            | _             | 1                                      |                                             |                                       |             | . 199.032,                            |
| GRAF, JEFFREY K 50 N LAURA STREET MAIL CODE 099 000 1488 JAX FL 32202  82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street  83 Mail Code 099-000-0907  84 City Jacksonville, FL 85 J200  85 Mail Code 099-000-0907  86 Code of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of the purpose of obtaining its register of agent of | <u> </u>                                                      |                                        |                                                                                  | 30            |                                        |                                             |                                       |             |                                       |
| SON LAURA STREET MAIL CODE 699 000 1468  JAX FL 32202  82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street  Mail Code 099-000-0907  84 City Jacksonville, FL 85 32202  85 Mail Code 099-000-0907  86 City Jacksonville, FL 85 32202  87 Jacksonville, FL 85 32202  88 Mail Code 099-000-0907  89 City Jacksonville, FL 85 32020  89 Mail Code 099-000-0907  80 City Jacksonville, FL 85 32020  80 Mail Code 099-000-0907  80 City Jacksonville, FL 85 32020  80 Mail Code 099-000-0907  80 City Jacksonville, FL 85 32020  80 Mail Code 099-000-0907  80 Jacksonville, FL 85 32020  80 Mail Code 099-000-0907  80 Jacksonville, FL 85 32020  80 Mail Code 099-000-0907  80 Jacksonville, FL 85 32020  81 Jacksonville, FL 90 J | AD4                                                           | ······································ | ent neglatered Agent                                                             | 81            | Name                                   |                                             | Indiator va                           | 0111        |                                       |
| MAIL CODE 099 000 1488  JAX FL 32202  1. 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 register of agent. I are far fair with, and security of obligations of Sections 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I are fair fair with, and security of obligations of Sections 607 0505, Florida Statutes.  SIGNATUFIE  DV  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  III.  DV  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  III.  DV  SMITH, DAVID R JR.  12 NAME  12 NAME  13 SIRRET ADDRESS  DV 1 DELETE  14 CITY-ST-2P  GRAF, JEFFREY K  22 NAME  33 SIRRET ADDRESS  JAX FL  QRAF, JEFFREY K  22 NAME  34 CITY ST-2P  Change  Address Add |                                                               |                                        |                                                                                  |               |                                        |                                             | ·                                     |             |                                       |
| Mail Code 099-000-0907  84 City Jacksonville, FL 85 Zip Code 32202  1. Pursuant to the provisions of Sections 697.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. Lambar with, and otherwise objects of city 707.505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as register agent. Lambar with an object to the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose of changing its register agent. Lambar with a comparison of the purpose o |                                                               |                                        |                                                                                  |               | Street A                               | ddress (P.O. Box Number is Not Accept       | able)<br>+                            | •           |                                       |
| A City   Jacksonv111e,   FL   85   Zip Code   32202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   2202   22   |                                                               |                                        |                                                                                  | 83            |                                        |                                             |                                       |             |                                       |
| Jacksonville, FL 32202  IT. Pursuant to the provisions of Sections 697.0502 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment is 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 is registered agent, and positive of 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 is registered agent, and positive in the State of Florida Statutes.  SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9/2/                                                          | I L DEEDE                              |                                                                                  | <u> </u>      |                                        | Mail Cod: 099-000-09                        |                                       |             |                                       |
| 1. 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 register of agent. I arm targitar with, and assert the obligators of Sections 07 0505, Florida Statutes.    Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                        |                                                                                  | 84            | City                                   | Jacksonville.                               | FI                                    |             |                                       |
| DV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                        |                                                                                  |               | ent signature re                       | · · · · · · · · · · · · · · · · · · ·       | DATE                                  |             |                                       |
| SMITH, DAYID R JR.  TREET ADDRESS  50 N LAURA ST  JACKSONVILLE FL  JACKSON |                                                               |                                        |                                                                                  |               | —Т                                     | ADDITIONS/CHANGES TO OFF                    |                                       |             | Addition                              |
| TREET ADDRESS STY-ST-ZIP JACKSONVILLE FL  1.3 STREET ADDRESS STY-ST-ZIP JACKSONVILLE FL  1.4 CITY-ST-ZIP JACKSONVILLE FL  1.4 CITY-ST-ZIP JACKSONVILLE FL  1.5 STREET ADDRESS JACKSONVILLE FL  1.6 Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |                                        | Land Detrie                                                                      |               |                                        |                                             |                                       | 7 Curanta   |                                       |
| JACKSONVILLE FL  JACKSO |                                                               |                                        |                                                                                  |               | Annerss                                |                                             |                                       |             |                                       |
| DELETE   DV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                                        |                                                                                  | 1             |                                        |                                             |                                       |             |                                       |
| STREET ADDRESS   DN LAURA ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                               | 1                                      | ☐ DELETE                                                                         |               | ······································ |                                             | Ľ                                     | Change      | Addition                              |
| DELETE   D   | IAME                                                          | GRAF, JEFFREY K                        |                                                                                  | 2.2 NAME      |                                        |                                             |                                       |             |                                       |
| DELETE   D   | STREET ADDRESS                                                |                                        |                                                                                  | 2.3 STREE     | T ADDRESS                              |                                             |                                       |             |                                       |
| GHOMESHI, MEHD    32 NAME   33 STREET ADDRESS   50 N LAURA ST   33 STREET ADDRESS   517 ST ZIP   50 N LAURA ST   34 CITY-ST-ZIP   518 ET ADDRESS   517 ST ZIP   518 ET ADDRESS   517 ST ZIP   518 ET ADDRESS   517 ST ZIP   52 NAME   52 NAME   52 NAME   52 NAME   53 STREET ADDRESS   54 CITY-ST-ZIP   53 STREET ADDRESS   54 CITY-ST-ZIP   54 CITY-ST-ZIP   55 STREET ADDRESS   55 STREET   | DITY-SI-ZP                                                    |                                        |                                                                                  | 2. 4 CITY-    | ST-ZIP                                 |                                             | · · · · · · · · · · · · · · · · · · · |             |                                       |
| STREET ADDRESS   JAX FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                               | 1 *                                    | ☐ DELETE                                                                         |               |                                        |                                             | L.                                    | J Change    | Addition                              |
| SCHALLER, MARGARET P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                        |                                                                                  |               |                                        |                                             |                                       |             |                                       |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                        |                                                                                  |               |                                        |                                             | •                                     |             |                                       |
| SCHALLER, MARGARET P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                        | T DELETE                                                                         |               | 51-ZIP                                 |                                             |                                       | Change      | Addition                              |
| 1101 E ATLANTIC BLVD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               | , ·                                    | Special Secretary                                                                | 1             | Ì                                      |                                             |                                       |             |                                       |
| POMPANO BCH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                        |                                                                                  |               |                                        |                                             |                                       |             |                                       |
| NAME BLANKSTEIN, ALAN 52 NAME STHELL ADDRESS CITY-ST-ZIP  BLANKSTEIN, ALAN 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY - SY - ZIP                                               |                                        |                                                                                  | 4.4 CITY-     | ST~ZIP                                 |                                             |                                       |             |                                       |
| STHEEL ADDRESS 801 E HALLANDALE BCH BLVD 53 STREET ADDRESS STORT STATE S | TITLE                                                         | V                                      | DELETE                                                                           | 5.1 TITLE     |                                        |                                             |                                       | Change      | Addition                              |
| CITY-ST-ZIP HALLANDALE FL 54 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                                                          |                                        |                                                                                  | 5.2 NAME      | 1                                      |                                             |                                       |             |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS                                                |                                        | LVD                                                                              |               | j                                      |                                             |                                       |             |                                       |
| ttof   M   I I DELETE ■ cartel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                        | ☐ DELETE                                                                         |               | ST-ZIP                                 |                                             |                                       | Channa      | Addition                              |
| Annua Bau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               | •                                      | ריין מנונונ                                                                      |               | -                                      |                                             | L                                     | T resuits   | AOURIDO                               |
| AAAA APAMIINU DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                        |                                                                                  |               | r annesce                              |                                             |                                       |             |                                       |
| 63 STREET ADDRESS TOUG CENTURY PK  63 STREET ADDRESS 64 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                        |                                                                                  | 1             | 1                                      |                                             |                                       |             |                                       |
| 14. I do hereby certify that the information supplied with this filling does not qualify to the examption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this around 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 thanke empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or on an attachment with an address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14. I do here                                                 | eby certify that the information supp  | olied with this filing does not qualit                                           | fy for the ex | mption sta                             | ated in Section 119.07(3)(i), Florida Statu | utes. I further c                     | ertify that | the                                   |