PI CORP ANNU	NOW: POFIT PORATION AL REPOF		AFT	FLORIDA DEPA Sandra	RTMENT B. Mortha ary of Sta	OF S am te	STATE							
DOCUN 1. Corporation (	/ENT #	P9400( NG SERVICES, IN		49418 (4	)									
Principal Place of Business 720 CONCHSHELL MANOR PLANTATION FL 33324				Mailing Address 720 CONCHSHELL MANOR PLANTATION FL 33324							•			
			. <b>.</b>						b. Date incorporated 06/29/1994	or Qualifie	0 <b>38</b> . L	Date of L	/199	5
2. Principal Place of Business 21				2e. Mailing Address 26					65-050408	9			h	pplied For lot Applicable
Suite, Art. #, etc.				Suite, Apt. #, etc.					. Certificate of Statu	is Desired		\$		Additional lequired
22 City & State 23				City & State				•	Election Campaign     Trust Fund Contrib	-			5.00	) May Be to Fees
Zip 24	Country 25			2η Cou 29 30				8	I. This corporation hi Florida Statutes		lor intangibl res ØNo		der s	199.032,
		d Address of Current		stered Agent		81	Name	1(	). Name and Addre	ss of Nev	w Register	ed Ager	nt	
100 N. B MIAM   FL	SCAYNE BI	RAIG & WICKS VD., SUITE 1500 s of Sections 607.0502 th, in the State of Florid he obligations of, Sectio	a. Suc	h change was authoriz	ed by the	83 84 ove-t	pamed cor	rporation board of	submits this stateme directors. I hereby ac	ent for the a	numose of	changin as regis	o its re	Code agistered office agent. I am
SIGNATURE	Sonature, typed or p	rinted name of registered agen1 a	and tille if	appicable. (N	DTE Registere	d Ager	nt signature rec	quired when	reinstaling)		DAT	E		
12. TITLE NAME STREET ADDRESS	OFFICERS AND PST DEUTSCH, LINDA A 720 CONCH SHEU MANOR PLANTATION FL 33324					13.           1.1 TITLE           1.2 NAME           1.3 STREET ADDRESS           7           1.4 CITY - ST- ZIP		72(	ADDITIONS/CHAN					RS IN 12
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST. ZIP	FLANIATION FL 33324			DELETE	2.1 22 23	TITLE NAME STREET	TADDRESS					0	lange	Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS				DELETE	3. 1 3.2 3.3	TITLE NAME STREE	f ADDRESS ST-ZIP					<b>[]</b> CI	nange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				[] DELÉTE	4. 1 4 2 4 3	THILE NAME STREE	1 ADDRESS ST-ZIP						nange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				DELETE	5. 1 5.2 5.3	TITLE NAME STREE	T ADDRESS						nange	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP				☐ DELETE	6 1 62 6.3 6.4	TITLE NAME STREE CITY-3	ST-ZIP T ADDRESS ST-ZIP					<u> </u>	·	Addition
14. I do hereby certify that oath; that	the informatio I am an officer I Block 12 or B	e information supplied w n indicated on this annu or director of the corpo lock 13 if changed, or c Supplier signature and typed or	ial repo ration i on an a	ort or supplemental an or the receiver or trust ittachment with an add	nual repor ee empow iress.	t is tr ered	to execute	curate ar e this rep	na that my signature.	snall have hapter 607	', Florida St	atutes; i	and the	made under at my name