ÇO	PROFIT RPORATION UAL REPORT <b>1998</b>		Sandra I Secreta	RTMENT OF STATE <b>3. Mortham</b> ary of State CORPORATIONS	Feb 06 19 Secreta		
1. Corporation	MENT # P94 EILLANCE SPECIALIST	rs incorpor	9715 (3) ATED			2	
214 GREENWICH STREET DAVENPORT FL 33837			214 GREENWICH STREET DAVENPORT FL 33837		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1994		
	Place of Business	2a. N	Aailing Address	7277 HEME (1111	4. FEI Number		Applied For
21 Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.		59-3252655	60 7E	Not Applicable Additional
22		27			5. Certificate of Status Desired		Required
City & Stat	te	28	City & State		6. Election Campaign Financing Trust Fund Contribution		<b>0</b> May Be d to Fees
Zip 24	25 9. Name and Address of	29	red Agent	Country 30	8. This corporation owes or has pa Personal Property Tax due June 10. Name and Address of New Re	aid the current year li a 30.	
SA	LVER, PAUL	or Cutterit Registe	red Agent	81 Name	IU, Name and Address of New Ne	sgiateseu Agera	
	81 N.W. 151ST ST			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
20	01 N.W. 19191 91						
#1	01			83		-	
#1				83 84 City	· · · · · · · · · · · · · · · · · · ·	95  7ir	Cade
#1 ML	01 Ami lakes fl 33014	- 607 0500 and 607	1400 Florida Statu	84 City	marstian a built this statement for the		Code
#1 Ml/ 11. Pursuant office or agent. I a	01 Ami lakes fl 33014	607.0502 and 607 the State of Florida the obligations of, S	. 1508, Florida Statul . Such change was Section 607.0505, Fl	84 City	poration submits this statement for the pation's board of directors. I hereby acce		
#1 MI 11. Pursuant office or agent, I a SIGNATURE	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re	gistered agent and litle if a	applicable (NOT	84 City tes, the above-named cor authorized by the corpora orida Statutes.	lifed when reinstating)	purpose of changing pt the appointment a	its registered s registered
#1 Ml/ 11. Pursuant office or agent, I a	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re		applicable (NOT	84 City tes, the above-named cor authorized by the corpora orida Statutes.		purpose of changing pt the appointment a	its registered s registered
#1 Ml 11. Pursuant office or agent. I a SIGNATURE 12.	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L	gistered agent and litle if a	applicable. (NOT ORS	84 City tes, the above-named cor authorized by the corpora orida Statutes. TE Registered Agent signature requ 13.	lifed when reinstating)	DATE	its registered s registered
#1 Ml 11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT	applicable. (NOT ORS	84         City           authorized by the corpora         orida Statutes.           TE: Registered Agent signature required         13.           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	lifed when reinstating)	DATE	its registered s registered
#1 Ml 11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-2IIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L	gistered agent and litle if a CERS AND DIRECT	Applicable. (NOT ORS DELETE	84         City           tes, the above-named cor authorized by the corpora orida Statutes.         1           TE: Registered Agent signature required 13.         1           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.4 City - ST-ZIP	lifed when reinstating)	DATE	its registered s registered
#1 Ml 11. Pursuant office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT	applicable. (NOT ORS	84         City           authorized by the corpora         orida Statutes.           TE: Registered Agent signature required         13.           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	lifed when reinstating)	DATE CERS AND DIRECTO	its registered s registered
#1 Ml office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- 2IIP TITLE	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT	Applicable. (NOT ORS DELETE	84         City           tes, the above-named cor authorized by the corpora orida Statutes.         1           TE: Registered Agent signature required 13.         1           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.4 CITY-ST-ZIP           2.1 TITLE         2.1 TITLE	lifed when reinstating)	DATE CERS AND DIRECTO	its registered s registered
#1 Ml 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           authorized by the corporation of a statutes.         Statutes.           TE: Registered Agent signature required as statutes.         Statutes.           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         2.4 City-ST-ZIP	lifed when reinstating)	DATE CERS AND DIRECTO	its registered
#1 ML 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT	Applicable. (NOT ORS DELETE	84         City           authorized by the corporation of a statutes.         1000 million           TE: Registered Agent signature required         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         3.1 TITLE	lifed when reinstating)	DATE CERS AND DIRECTO	its registered
#1 ML 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           authorized by the corporation of a statutes.         1000 million           TE: Registered Agent signature required         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	lifed when reinstating)	DATE CERS AND DIRECTO	its registered
#1 ML 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           authorized by the corporation of a statutes.         1000 million           TE: Registered Agent signature required         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         3.1 TITLE	lifed when reinstating)	DATE CERS AND DIRECTO	its registered
#1 Mi office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIIP TITLE NAME STREET ADDRESS CITY - ST - ZIIP TITLE	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration         corration           authorized by the corporation         corration           13.         1.1           1.1         TITLE           1.2         NAME           1.3         STREET ADDRESS           1.4         City - ST-ZiP           2.1         TILE           2.2         NAME           2.3         STREET ADDRESS           2.4         City - ST-ZiP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS	lifed when reinstating)	DATE CERS AND DIRECTO	its registered
#1 ML Office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- 2IIP TITLE NAME STREET ADDRESS CITY- ST- 2IIP TITLE NAME STREET ADDRESS CITY- ST- 2IIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           authorized by the corporation of a statutes.         1           TE: Registered Agent signature required as the corporation of a statutes.         1           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	lifed when reinstating)		its registered
#1 ML 11. Pursuant office or agent. 1 a SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration of the above-named corration of the corporation of the above-named correct or the above-named correct of the above-nabove-named correct of the above-	lifed when reinstating)		its registered
#1 ML Office or agent. 1 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 STREET ADDRESS CITY - ST - ZIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration authorized by the corporation of a Statutes.         1           TE: Registered Agent signature required 13.         1           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           4.1 TITLE         4.2 NAME           4.3 STREET ADDRESS         4.4 CITY-ST-ZIP	lifed when reinstating)		its registered
#1 ML SIGNATURE 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration of the above-named corration of the corporation of the above-named correct or the above-named correct of the above-nabove-named correct of the above-	lifed when reinstating)		its registered
#1 ML SIGNATURE 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration authorized by the corporation of a Statutes.         1           T1.         1         1           1.1         1         1           1.2         NAME         1.3           1.3         STREET ADDRESS         1.4           1.3         STREET ADDRESS         1.4           2.1         TILE         2.2           2.1         TILE         2.3           2.3         STREET ADDRESS         2.4           2.3         STREET ADDRESS         3.4           3.3         STREET ADDRESS         3.4           3.4         CITY-ST-ZIP         4.1           4.3         STREET ADDRESS         3.4           3.4         CITY-ST-ZIP         4.1           4.3         STREET ADDRESS         3.4           4.4         CITY-ST-ZIP         5.1	lifed when reinstating)		its registered
#1 ML Office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corration/ized by the corporation of a Statutes.         11           TI.         11         11           1.1         11         11           1.2         NAME         1.3           1.3         STREET ADDRESS         1.4           1.3         STREET ADDRESS         1.4           2.1         TILE         2.2           2.1         TILE         2.3           2.3         STREET ADDRESS         2.4           2.3         STREET ADDRESS         3.4           3.3         STREET ADDRESS         3.4           3.3         STREET ADDRESS         3.4           3.4         CITY-ST-ZIP         4.1           4.3         STREET ADDRESS         3.4           3.4         CITY-ST-ZIP         4.1           4.3         STREET ADDRESS         3.4           4.3         STREET ADDRESS         4.4           4.4         CITY-ST-ZIP         5.1           5.1         TITLE         5.2	lifed when reinstating)		its registered
#1 ML Office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84     City       tes, the above-named conauthorized by the corporation of a Statutes.     13       TE: Registered Agent signature required     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       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     4.4 CITY - ST - ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY - ST - ZIP	lifed when reinstating)		its registered
#1 ML Office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP TITLE NAME STREET ADDRESS CITY-ST-2IIP	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84         City           tes, the above-named corrauthorized by the corporation of a Statutes.         1           T1.         1         1           1.1         1         1           1.2         NAME         1           1.3         STREET ADDRESS         1.4 City - ST - ZiP           2.1         TILE         2.2 NAME           2.3         STREET ADDRESS         2.4 City - ST - ZiP           3.1         TILE         3.2 NAME           3.3         STREET ADDRESS         3.4. City - ST - ZiP           3.1         TILE         3.2 NAME           3.3         STREET ADDRESS         3.4. City - ST - ZiP           4.1         TILE         4.3 STREET ADDRESS           3.4. City - ST - ZiP         5.1 TILE           5.2 NAME         5.3 STREET ADDRESS           4.4 City - ST - ZiP         5.1 TILE           5.2 NAME         5.3 STREET ADDRESS           5.4 City - ST - ZiP         6.1 TITLE           6.2 NAME         6.1 NTILE	lifed when reinstating)		its registered
#1 ML 11. Pursuant office or agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	01 AMI LAKES FL 33014 to the provisions of Sections registered agent, or both, in am familiar with, and accept Signature, typed or printed name of re OFFIC D ELLISON, ALLEN L 214 GREENWICH ST.	gistered agent and litle if a CERS AND DIRECT		84     City       tes, the above-named conauthorized by the corporation of a Statutes.     13       TE: Registered Agent signature required     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       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       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY - ST - ZIP	lifed when reinstating)		its registered

1

•