| . COR<br>ANNU                                                                                                  | PROFIT<br>RPORATION<br>JAL REPORT<br><b>1996</b>                                                                                                                                                                                                                                                  | s s                                                                                                                                 | A DEPARTMENT C<br>Sandra B. Morthar<br>Secretary of State<br>ON OF CORPORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | יי<br>חי<br>פ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                   |                                                                                   |  |  |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|
| . Corporation                                                                                                  | MENT # <b>P94</b><br>TRAVEL SPECIALISTS                                                                                                                                                                                                                                                           | 000068446<br>, INC.                                                                                                                 | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                   | INI ANDIN AND AND AND                                                             |  |  |
| rincipal Place of Business<br>3860 GULF BLVD.<br>ST. PETERSBURG BEACH FL 33706                                 |                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | Mailing Address<br>3880 Gulf BLVD.<br>ST. PETERSBURG BEACH FL 33706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                                                                                   |                                                                                   |  |  |
|                                                                                                                |                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ol> <li>Date Incorporated or Qualified<br/>09/12/1994</li> </ol>                                                                 | 3a. Date of 0<br>08/0                                                             | Last Report<br>7/1995                                                             |  |  |
| Principal Place of Business                                                                                    |                                                                                                                                                                                                                                                                                                   | 2a. Making Addres<br>26                                                                                                             | 2a. Mailing Address<br>26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4, FEI Number<br>65-0523369                                                                                                       |                                                                                   | Applied For<br>Not Applicable                                                     |  |  |
| Suite, Apt. i                                                                                                  | #, etc.                                                                                                                                                                                                                                                                                           |                                                                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5. Certificate of Status Desired                                                                                                  | <b>\$</b>                                                                         | 8.75 Additional                                                                   |  |  |
| City & State                                                                                                   | 9                                                                                                                                                                                                                                                                                                 | City & State                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>                                                       |                                                                                   | \$5.00 May Be                                                                     |  |  |
| Zip                                                                                                            | Country<br>25                                                                                                                                                                                                                                                                                     | Zip                                                                                                                                 | Cour<br>30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | itry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. This corporation has liability for                                                                                             |                                                                                   | Added to Fees                                                                     |  |  |
|                                                                                                                | 9, Name and Address of                                                                                                                                                                                                                                                                            | Current Registered Agent                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 81 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10. Name and Address of New R                                                                                                     |                                                                                   | nt                                                                                |  |  |
| DUMBAUGH, JOHN D                                                                                               |                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oi name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                   |                                                                                   |  |  |
|                                                                                                                |                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 82 Stroot Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Irona (P.O. Box Number is Not Acceptab                                                                                            | No)                                                                               | 1953 (F.W. DUA NUMBER STAT ACCEPTENCE)                                            |  |  |
| 1900 RIN                                                                                                       | NGLING BLVD.                                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Iress (P.O. Box Number is Not Acceptab                                                                                            | (ek                                                                               |                                                                                   |  |  |
| 1900 RIN                                                                                                       |                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ress (P.O. Box Number is Not Acceptal:                                                                                            |                                                                                   |                                                                                   |  |  |
| 1900 RIN<br>SARASO                                                                                             | NGLING BLVD.<br>DTA FL 34236                                                                                                                                                                                                                                                                      | al Fiorida - Such change was al                                                                                                     | Statutes, the abov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 83<br>84 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | reas (P.O. Box Number is Not Acceptation<br>ration submits this statement for the pur<br>rel of directors. Thereby accept the app | FL <sup>8</sup>                                                                   |                                                                                   |  |  |
| 1900 RIN<br>SARASO<br>• Pursuant to<br>or register<br>familiar wit<br>GNATURE                                  | WGLING BLVD.<br>DTA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>th, and accept the obligations of<br>Signature light or printed nume of register                                                                                                        | et and Such change was au<br>6. Section 607.0505, Florida St<br>et and and approximate<br>RS AND DIRECTORS                          | Statutes, the above<br>athonized by the or<br>latutes.<br>(Note: Repetered A<br>13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83<br>84 City<br>7e-named corpo<br>orporation's boa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr                                            | FL 8<br>pose of changir<br>ointment as regi<br>DAIL<br>DAIL<br>ICERS AND DIF      | Is registered offic<br>stered agent. I am                                         |  |  |
| 1900 RIN<br>SARASO<br>Pursuant t<br>or register<br>familiar wit<br>GNATURE<br><br><br><br><br><br><br><br><br> | VGLING BLVD.<br>DTA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>th, and accept the obligations of<br>Signature lypert or printed number of register<br>OFFICE                                                                                           | I Fiorida Such change was au<br>I. Section 607.0505, Florida St.<br>Hanning and Kind automatik<br>RS AND DIRECTORS                  | Statutes, the above<br>otherized by the cal<br>tatutes.<br>The Beneficial P<br><b>13.</b><br>E <b>13.</b><br>1 1 TIT<br>1.2 NAT<br>1 3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 83<br>84 City<br>re-named corpo<br>orporation's boa<br>Age of synaton require<br>LE<br>ME<br>IEE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr<br>ed wher recisturgs                      | FL 8<br>rpose of changr<br>ointment as regi                                       | Is registered offic<br>stered agent. I am                                         |  |  |
| 1900 RIN<br>SARASO                                                                                             | VGLING BLVD.<br>TA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>the obligations of<br>Signature typed or printed number of register<br>OFFICE<br>D<br>SCHROEDER, EIKE<br>3860 GULF BLVD<br>ST. PETERSBURG BEAC<br>D<br>WANDER, JOACHIM<br>HUMBOLDTSTR 14 | I Fiorida Such change was au<br>I. Section 607.0505, Florida St.<br>Hanning and Kind automatik<br>RS AND DIRECTORS                  | Statutes, the above<br>other statutes.<br>Partie Represent<br>13.<br>E 1 1 117<br>1 2 NAN<br>1 3 STR<br>1 4 CIT<br>E 2 1 117<br>2 2 NAN<br>2 3 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Bit State State     Bit S | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr<br>ed wher recisturgs                      | FL 8<br>pose of changir<br>ointment as regi<br>DAIL<br>DAIL<br>ICERS AND DIF      | Ig its registered offic<br>stored agent. I am<br>RECTORIS IN 12<br>hange Addition |  |  |
| 1900 RIN<br>SARASO                                                                                             | VGLING BLVD.<br>TA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>the obligations of<br>Signature typed or printed number of register<br>OFFICE<br>D<br>SCHROEDER, EIKE<br>3860 GULF BLVD<br>ST. PETERSBURG BEAC<br>D<br>WANDER, JOACHIM                   | A Florida Such change was au<br>6. Section 607.0505, Florida St.<br>1914; Florida Marchard<br>RS AND DIRECTORS<br>DELETH<br>CH FL   | Statutes, the above<br>other sector of the construction<br>of the theory of the construction<br>of the theory of the construction<br>of the construction of the construction of the construction<br>of the construction of the construction of the construction<br>of the construction of the construction of the construction of the construction<br>of the construction of th | 83       84       City       re-named corporation's boat       opporation's boat       April Approxime major       LE       ME       REEF ADDRESS       Y-ST-ZIP       LE       ME       RE F ADDRESS       Y-ST-ZIP       LE       ME       RE F ADDRESS       Y-ST-ZIP       LE       ME       RE F ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr<br>ed wher recisturgs                      | FL 8 pose of changer ointment as regi DAIL ICERS AND DIF                          | RECTORS IN 12<br>hange Addition                                                   |  |  |
| 1900 RIN<br>SARASO                                                                                             | VGLING BLVD.<br>TA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>the obligations of<br>Signature typed or printed number of register<br>OFFICE<br>D<br>SCHROEDER, EIKE<br>3860 GULF BLVD<br>ST. PETERSBURG BEAC<br>D<br>WANDER, JOACHIM<br>HUMBOLDTSTR 14 | A Florida Such change was at<br>I. Section 607.0605, Florida St.<br>et agri and to infanct and cattor<br>RS AND DIRECTORS<br>DELETI | Statutes, the above<br>sthemized by the co-<br>tatutes.<br>(Notife Respicted 2<br>13.<br>E 1 1 111<br>12 NAP<br>13 STR<br>14 CIT<br>E 2 1 TIT<br>2 2 NAP<br>2 4 CIT<br>E 3 1 Fit<br>3 2 NAP<br>3 3 STR<br>3 4 CIT<br>E 4 1 TIT<br>4 2 NAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B3       B4       City       xe-named corpor       orporation's boa       apent depicture require       LE       ME       LE       ME       LE       ME       LE       ME       REF ADDRESS       Y-S1-ZIP       LE       WE       REF ADDRESS       Y-S1-ZIP       LE       WE       RET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr<br>ed wher recisturgs                      | FL 8<br>rpose of changer<br>ointment as regination<br>DAIE<br>ICERS AND DIF<br>CH | Addition                                                                          |  |  |
| 1900 RIN<br>SARASO                                                                                             | VGLING BLVD.<br>TA FL 34236<br>to the provisions of Sections 60<br>ed agent, or both, in the State of<br>the obligations of<br>Signature typed or printed number of register<br>OFFICE<br>D<br>SCHROEDER, EIKE<br>3860 GULF BLVD<br>ST. PETERSBURG BEAC<br>D<br>WANDER, JOACHIM<br>HUMBOLDTSTR 14 | CHIER CONTRACT SUCH CHANGE Was an<br>I. Section 607.0605, Florida St.<br>Tet agent and the day state<br>RS AND DIFFECTORS<br>DELETI | Statutes, the above<br>sthorized by the co-<br>tatutes.<br>(NOTE Reprinted 4<br>13.<br>E 1 1 III<br>12 NAH<br>13 STR<br>24 COT<br>E 2 1 III<br>22 NAH<br>23 STR<br>24 COT<br>E 3 1 TO<br>32 NAH<br>33 STR<br>34 COT<br>E 5 1 TO<br>52 NAH<br>53 STR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 83         84         City           Re-named corporation's board corporation's board         84         City           Re-named corporation's board         85         84           Re-named corporation's board         86         86           Re-named corporation's corporatis corporation's corporation's corporatis corporation's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ration submits this statement for the pur<br>vd of directors. I hereby accept the appr<br>ed wher recisturgs                      | FL 8 rpose of changer ointment as regi DAit ICERS AND DIF C                       | Addition                                                                          |  |  |