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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

FILED

Jan 23 1998 8:00am

Secretary of State

1-5-98 (407)3450992

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070557 (1)

A & S GIFTS & T'S, INC.

Adding Address of Current Registered Agent Do, Nome and Address of Current Registered Agent Do, Nome and Address of Current Registered Agent To, Name and Address of State State Do, Nome and Address of Current Registered Agent To, Name and Address of New Registered Agent To, Name and Address of Name Agent To, Name and Address of Name Agent To, Name Agent										
ORLANDO FL 32819 ORLANDO FL 32819 ORLANDO FL 32819 2 Principal Place of Business 2 Suite, April 4, etc. 3 Suite, April 4, etc. 3 Suite, April 4, etc. 3 Suite, April 4, etc. 5 Suite, April 4, etc. 6 Suite, April 4, etc. 7 Suite, April 4, etc. 7 Suite, April 4, etc. 8 Suite, April 4, etc. 8 Suite, April 4, etc. 9 Suite, April 4, etc. 1 Suite, April 4,	Principal Place of Business Mailing Address							8111 00111 109EL 00131 0118E	DIRECTED IN	
2. Principal Place of Business 2a. Mailing Address 3. Date incorporated or Qualified Q0/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2. Suite, Apt. #, etc. S. Certificate of Status Desired Sa. 75 Additional Fee Required Fee Required	7201 INTERNATIONAL DRIVE 7201 INTERNATIONAL DR									
2. Principal Piace of Business 2a, Mailing Address 3c, Mailing	ORLANDO FI	L 32819					DO NOT IMPITE IN THIS SPACE			
2. Principal Place of Business 2a, Mailing Address 4. FEI Nurther 59-3270940 16M Applied For										
22. Maling Address 2a. Maling Address 59-32/2040 Not Applicable Solidary Solidary Solidary Not Applicable Solidary							,			
Suite, Apt. 8, etc. 20	2 Principal Place of Rusiness 2n Mailing Address								Applied For	
Solite, Apt. #, etc. Solite, Apt. #, etc.	21		⊢ •	Address					'	
Second Second Second See S		#, etc.						- \$8.75		
City & State City & State City	22		27				5. Certificate of Status Desired			
Added to Fees Zip Z	City & State	9					6. Election Campaign Financing	\$5.00	3 May Be	
Zip Country Zip Country St. This corporation rowse in heap paid the current year Intamptible Personal Property Tax due June 30. Yes No. No	23		28				Trust Fund Contribution			
B. Name and Address of Current Registered Agent HABIB, ARSHAD 7201 INTERNATIONAL DRIVE ORLANDO FL 32819 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zìp	Country Zip			Country		8. This corporation owes or has pa	id the current year In	ntangible	
HABIBI, ARSHAD 7201 INTERNATIONAL DRIVE ORLANDO FL 32819 81 62 Street Address (P.O. Box Number is Not Acceptable) 83 Gity FL 85 Zip Code 11. Pursuant to the provisions of Sections 697 (552) airst 697, (552) interest Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change water statutes are corporation submits this statement for the purpose of changing its registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered signal, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered agent, and an analysis of the appointment as registered and advantaged to the appointment as registered agent, and an analysis of the appointment as registered and an analysis of the appointment as registered and advantaged to the appointment and appointment	24	11	1=-1 1=-1							
TRABICI, AND FL 32819 Bas Zip Code			Registered Agent	· · · · · · · · · · · · · · · · · · ·	04		10. Name and Address of New Re	gistered Agent		
ORLANDO FL 32819 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the originations of, Section 607.0505, Florida Statutes, and an amount of the purpose of changing its registered agent. I am a finalitar with, and accept the origination of, Section 607.0505, Florida Statutes, and an amount of the purpose of changing its registered agent. I am a finality with an advantage of the appointment as registered agent. I am a finality and accept the origination of, Section 67.0505, Florida Statutes, and the state of Florida Statutes and Florida Statutes and florida in the floridation of Florida Statutes and Florida Statutes and florida in the floridation State of the state of Florida Statutes and florida in the floridation State					8.1	Name				
B3			82 Street		Street Addr	ess (P.O. Box Number is Not Acceptate	ole)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-amend corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, howed or private name or registered agent and 51% if applicable. (NOTE Registered Agent algoritude required when remarking) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. CUTY-ST-2P TITLE PD INTERNATIONAL DRIVE 13. SIREET ADDRESS CITY-ST-2P TITLE VSD ORLANDO FL 32819 14. CUTY-ST-2P TITLE VSD ORLANDO FL 32819 14. CUTY-ST-2P TITLE DELETE 11. TITLE DELETE 12. TITLE DELETE 13. TITLE DELETE 14. TITLE DELETE 15. TITLE DELETE 15. TITLE DELETE 16. TITLE DELETE 17. TITLE DELETE 17. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	OF	RLANDO FL 32819								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, registered agent, to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and an authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of the section 607.0505, Florida Statutes, and the appointment as registered agent, and the accept the obligation of the appointment as registered agent, and the accept the obligation of the accept the obligation of the appointment as registered and the acceptance of the acceptance of the appointment as registered and the acceptance of the appointment as registered and the acceptance of the acceptance of the appointment as registered and that my signature shall have the same legal effect as if made under early, that I am an an officer of the acceptance of the acceptan					83					
11. Presuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or privated name of registered agent and title if applicable. NOTE: Programmed Agent signature required when refinately) DATE					84	City		E1 85 Zip	Code	
SIGNATURE Street Address Street Add	11 Dureught	to the provisions of Sections 607.0503	and 607 1508 Florida Stat	utes the a		-named corn	poration submits this statement for the r		its registered	
SIGNATURE Street Address Street Add	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									
Signature, typed or private rare of regretived agree and tille if applicable. (NOTE Registered Agree it signature required when releasable) DATE	agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, I	Florida Stat	tutes	•				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	SIGNATURE	Standium hand or orbited name of restictored second	t and title if applicable (A)	OTE: Pagistoro	d Agar	ot clonature reculn	ed when reinstating)	DATE		
TITLE PD DELETE 1.1 TITLE Change Addition NAME	12.				Q AIgoi	n olgitalara radan			RS IN 12	
STREET ADDRESS 7201 INTERNATIONAL DRIVE ORLANDO FL 32819 1.4 CITY-ST-ZIP NAME HABIBI, SAMINA STREET ADDRESS 7201 INTERNATIONAL DRIVE ABBIB, SAMINA STREET ADDRESS ORLANDO FL 32819 2.2 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 2.4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	-	PD DELETE			1,1 TITLE					
STREET ADDRESS 7201 INTERNATIONAL DRIVE ORLANDO FL 32819 1.4 CITY-ST-ZIP NAME HABIBI, SAMINA STREET ADDRESS 7201 INTERNATIONAL DRIVE ABBIB, SAMINA STREET ADDRESS ORLANDO FL 32819 2.2 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 2.4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	NAME	HABIBI, ARSAHD		1.2 N	1.2 NAME					
CITY-ST-ZIP	STREET ADDRESS	ADDRESS 7201 INTERNATIONAL DRIVE		1 3 STREET ADDRESS		ADDRESS			ļ	
TITLE VSD DELETE 2.1 TITLE	CITY-ST-ZIP			1.4 CITY-ST-		T- ZIP				
STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 2.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.1 TITLE 4.1 TITLE 5.1 TITLE 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.5 NAME 5.6 NAME 5.7 N	TITLE	V\$D DELETE		2.1 TI				Change	Addition	
CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME Addition NAME ORLANDO FL 32819 3.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET	NAME	Habibi, Samina		2.2 NA					İ	
TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS S.4 CITY-ST-ZIP	STREET ADDRESS	7201 INTERNATIONAL DRIVE	4		2.3 STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE 6.6 CANAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in	CITY-ST-ZIP	ORLANDO FL 32819		2.40	ITY-S	T-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.3 STRE	TITLE	DELET!		3.1 Ti	3.1 TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE A.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Change Change Addition Change Change Addition Change Addition Change Change Addition Change Change Addition Change Change Change Addition Change Change Change Addition Change Change Change Change Addition Change Chan	NAME			3.2 N	3.2 NAME					
TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	STREET ADDRESS			3.3 S	TREET	ADDRESS				
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY- ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 6.2 NAME STREET ADDRESS CITY- ST-ZIP TITLE Change Addition Addition AME STREET ADDRESS CITY- ST-ZIP TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP 1.1 Increby contrily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.4 CITY-ST-ZIP TITLE 5.5 NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 6.1 TITLE 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.4 CITY-ST-ZIP TITLE 6.5 NAME TO STREET ADDRESS CITY-ST-ZIP TO STREET ADDRESS C	TITLE		DELETE	4,1 Ti	TLE	1		☐ Change	Addition	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition A	NAME			1						
TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS			4.3 ST	TAEET /	ADDRESS			}	
NAME STREET ADDRESS CITY-ST-ZIP S.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP		[] Api man			r-ziP		[] nh	- Addision	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 1. Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 4.1 Increby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in			LLI DELETE					Unange	L_I Addition	
CITY-ST-ZIP DELETE S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP Change Addition	NAME					1			1	
TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	STREET ADDRESS					· ·			-	
NAME 5.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CITY-ST-ZIP		Lociere			- ZiP		Change	Addition	
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	1			1				L_J Unange	- Modition	
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	NAME								ĺ	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	1									
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	CfTY-ST-ZIP	partitu that the information supplied with	h this filing does not avalify	6.4 C	TY-ST	ion stated in	Section 119 07(3Vi) Florida Statutas I	further certify that th	e information	
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	indicated	on this annual report or supplemental	annual report is true and a	ccurate an	d tha	it my signatur	re shall have the same legal ettect as it	r made under oatn: tr	natiam an i	
CALLY.	officer or of Block 12 of	director of the corporation or the recei or Block 13 if changed, or on an attac	ver or trustee empowered t hme n t with an address.	o execute 1	ınıs r	eport as requ	ared by Chapter 607, Florida Statutes;	and that my name a	ppears in	