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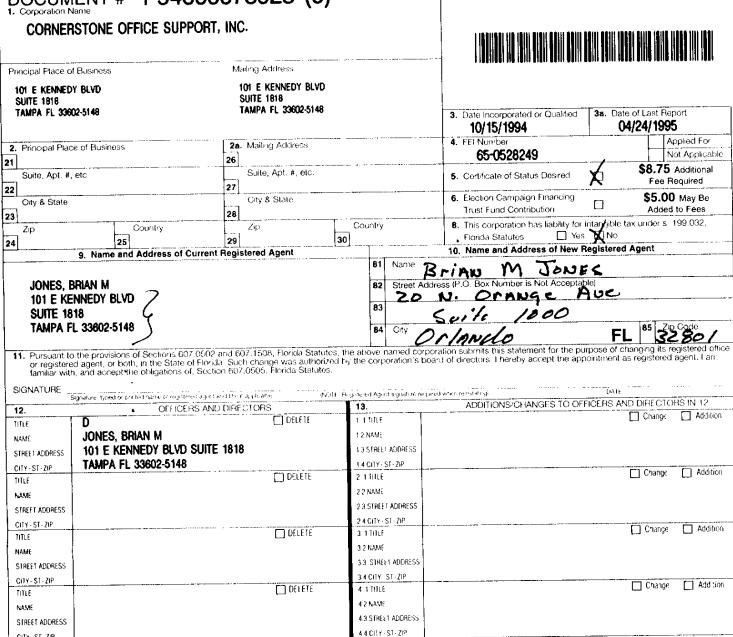
ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000075923 (0) **DOCUMENT #**



6.4 CITY - ST - Z:P 14. I do hereby certify that the information supplied with this filing is valuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.

5 1117.8

5.2 NAME

6 1 THE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

TITLE

NG OFFICER OR DIRECTOR

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