**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000075998

1. Corporation Name

CAINESVILLE SITEMORK INC

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90035 019 \*\*\*150.00

GAINESV	TILLE STEWORK, INC.							
Principal Place	of Business	Mailing Address				# INNIINN: UN INCHI WINE MONTO CONTI	i i i i i i i i i i i i i i i i i i i	10101 1011 1001
5006 SW 41ST BOULEVARD		5006 SW 41ST BOULEVARD						
GAINESVILLE FL 32608		GAINESVILLE FL 32608				DO NOT WRITE IN 1	THIS SPACE	
						3. Date Incorporated or Qualifed		
						10/05/1995		
2. Princinal Pl	ace of Business	2a. Mailing Addres	SS			4. FEI Number	Ap	plied For
¬ '		26				59-3348698	No	t Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee Re	equired
City & State	e .,	City & State		-		6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	C	country		8. This corporation owes the current year	ar Intangible	İ
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registe	red Agent	
				81	Name			-
	en, patricia a			82	Stroot Add	dress (P.O. Box Number is Not Acceptable)	-	
	S SW 41ST BOULEVARD				Ollectric	aross (i .c. box riamber to tree, receptable)		
GAIN	NESVILLE FL 32608			83				
							85 Zip	Code
				84	City		FL     `	
44 Dominant	to the provinces of Sections 607.0	502 and 607 1508. Florida	Statutes the	above	-named con	poration submits this statement for the purpos	se of changing its	registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obliq	gations of, Section 607.05	e was authori 605, Florida S	zeo by i tatutes.	tne corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	ррошинся са то	registered gistered
office or re agent. I at SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.	e was authoria 605, Florida S (NOTE: Registe	zed by tatutes.	tne corporat	red when reinstating) DAT	E	giotered
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.  AND DIRECTORS	Was authoria 05, Florida S (NOTE: Registe	zed by tatutes. ered Agent	tne corporat	lion's poard of directors. Thereby accept the a	E	giotered
office or reagent. I at SIGNATURE  12.	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS /	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.	(NOTE: Registe	zed by the latutes.  ered Agent  13.  1 TITLE	tne corporat	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or reagent. I at SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.  AND DIRECTORS	(NOTE: Registe	ered Agent 13. 1 TITLE 2 NAME	tne corporat	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I al SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS /  D  GREEN, PATRICIA A  2045 NW 19TH LANE	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.  AND DIRECTORS	(NOTE: Registr	red Agent 13. 1 TITLE 2 NAME 3 STREET	t signature requir	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605	te of Florida. Such change gations of, Section 607.05 gent and title if applicable. AND DIRECTORS	(NOTE: Register 1. ETE 1. 1. 1.	ered Agent 13. 1 TITLE 2 NAME 3 STREET	t signature requir	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D	te of Florida. Such change gations of, Section 607.05 gent and title if applicable.  AND DIRECTORS	(NOTE: Registrement	red Agentalian Agental	t signature requir	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J	te of Florida. Such change gations of, Section 607.05 gent and title if applicable. AND DIRECTORS	(NOTE: Registrements)  (NOTE: Registrements)  1.ETE 1.  1.  1.  ETE 2.	ered Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-ST  1 TITLE  2 NAME	t signature requir	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE	te of Florida. Such change gations of, Section 607.05 gent and title if applicable. AND DIRECTORS	(NOTE: Registrements)  (NOTE: Registrements)  1.ETE 1. 1. 1. ETE 2.	ered Agentalia.  13.  1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET	t signature requir ADDRESS	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or in agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605	te of Florida. Such change gations of, Section 607.05 gent and title if applicable. AND DIRECTORS	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1.  ETE 1.  1.  2.  2.  2.	ered Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-ST  1 TITLE  2 NAME	t signature requir ADDRESS	red when reinstating) DAT	E S AND DIRECTO	DRS IN 12
office or it agent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS / D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D	te of Florida. Such change gations of, Section 607.05  gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1.  ETE 1.  1.  2.  2.  2.  ETE 2.	ered Agentalia.  1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 1 TITLE 1 TITLE 1 TITLE	t signature requir ADDRESS	red when reinstating) DAT	E S AND DIRECTO Change	DRS IN 12 Addition
office or it agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H	te of Florida. Such change gations of, Section 607.05  gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1. 1. ETE 2. 2. 2. 2. ETE 3.	ered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE 2 NAME	ADDRESS 1-ZIP 2-ZIP	red when reinstating) DAT	E S AND DIRECTO Change	DRS IN 12 Addition
office or in agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	te of Florida. Such change gations of, Section 607.05  gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1 1 1 2 2 2 2 3 3	ered Agent 13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S 3 STREET	ADDRESS T-ZIP ADDRESS ADDRESS	red when reinstating) DAT	E S AND DIRECTO Change	DRS IN 12 Addition
office or it agent. I all SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1. 1. ETE 2. 2. 2. 2. 2. 3. 3. 3.	red Agentalian Agental	ADDRESS T-ZIP ADDRESS ADDRESS	red when reinstating) DAT	E S AND DIRECTO Change	DRS IN 12 Addition
office or in agent. I all agent. I all SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	te of Florida. Such change gations of, Section 607.05  gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1	ered Agentalian Agenta	ADDRESS T-ZIP ADDRESS ADDRESS	red when reinstating) DAT	S AND DIRECTO Change	DRS IN 12 Addition Addition
office or in agent. I ai agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1. 1. 2. 2. 2. 2. ETE 3. 3. 3. 3. 4. 4.	red Agentalian Agental	t signature requir ADDRESS F-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change	DRS IN 12 Addition Addition
office or in agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements)  1. ETE 1. 1. 1. 2. 2. 2. 2. 2. 2. 4. 3. 3. 3. 4. 4. 4.	ered Agental  13. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change	DRS IN 12 Addition Addition
office or in agent. I all agent. I all agent. I all signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements)  (NOTE: Registrements)  (NOTE: Registrements)  1.  ETE 1.  1.  1.  ETE 2.  2.  2.  2.  ETE 3.  3.  3.  3.  4.  4.  4.	red Agentalian Agental	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change	DRS IN 12 Addition Addition
office or it agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1. 1. ETE 2. 2. 2. 2. ETE 3. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	red Agentalian Agental	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or it agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1. ETE 1. 1. 1. 2. 2. 2. ETE 2. 3. 3. 3. 4. 4. 4. 4. 4. 4. 5.	red Agentalian Agental	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or in agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1. 1. 1. 1. 2. 2. 2. 2. 2. 3. 3. 3. 3. 4. 4. 4. 4. 4. 5. 5.	red Agentalian Agental	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or in agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1.  ETE 1.  1.  1.  ETE 2.  2.  2.  2.  2.  ETE 3.  3.  3.  3.  4.  4.  4.  4.  5.  5.  5.	red Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  3 STREET  4 CITY-S  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S  3 STREET  4 CITY-S  1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or in agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE   egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL  DEL	(NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements)  (NOTE: Registrements)  1. 1. 1. 1. 2. 2. 2. 2. 2. 2. 4. 4. 4. 4. 4. 4. 5. 5. 5. 6. 6.	red Agentalian Agental	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	
office or in agent. I ai agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D GREEN, PATRICIA A 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, JUNE J 2045 NW 19TH LANE GAINESVILLE FL 32605 D GREEN, HARRIS H 2045 NW 19TH LANE	gent and title if applicable.  AND DIRECTORS  DEL  DEL	(NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements) (NOTE: Registrements)  (N	red Agen  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 TITLE  4 CITY-SI  1 TITLE  2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	red when reinstating) DAT	S AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: