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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENŢŢOF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P950
Corporation Name	

C-JRS CORPORATION
DIBIA CADILLAC JACK!

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90280 007 ***150.00

			DO V	K									
DIBIA	A CADI	LLACJ	/ 7	5									
	ce of Business				Address								. ` '
145 I TREASU	107th	Ale	-		Samo	<u></u>							•
70000	- TEI	1 /2	227	, ,		_				DO NOT W	RITE IN	THIS SPACE	
JREASU	re win	ona j	G5 744	5						orporated or Qualife	d		
										-28-95			
	Place of Busin	ess		2a. Ma	iling Address				4. FEI Num		-		pplied For
	10741	ane	-	26	SAM	ف			59	<u>-334814</u>	0_		lot Applicable
Suite, Apt.	. #, etc. 1954-14	o. Iska	nd 17		te, Apt. #, etc.	ئە			5. Certifcate	e of Status Desired		7	Additional Required
City & Sta	te			City	y & State				6. Election	Campaign Financin	9 🗆	\$5.00	May Be
23				28					Trust Fur	nd Contribution		Added	to Fees
Zip		Country 25		29 Zip		30 C	ountry		,	oration owes the cu Property Tax.	ifrent ye	ar intangible ☐ Yes	 \$7%0
	9. Name	and Address	of Current	t Registere	d Agent				10. Name ar	nd Address of New	Regist	ered Agent	
			. /				81	Name					
	AS	List	ed				82	Street A	ddress (P.O. Box N	lumber is Not Accep	otable)		
							83		_				
							0.4	Oit.				as Zin	Code
							84	City				FL 85 Zip	Code
							about		orporation submits	this statement for th	e purpos	se of changing it	s registered
office or i agent. I a	registered age am familiar wit	ent, or both, in	the State of	of Florida. S	508, Florida St uch change wa tion 607.0505,	as authorize	ed by t	the corpor	ration's board of dire	ectors. I hereby acc	ept the a	appointment as r	egistered
office or i	registered age am familiar wit	ent, or both, in h, and accept	the State of the obligat	of Florida. Si ions of, Sec	uch change wa tion 607.0505,	as authorize , Florida Sta	ed by t itutes.	the corpor	ration's board of dire	ectors. I hereby acc	ept the a		egistered
office or i agent. I a	registered age am familiar wit Signature, typed	ent, or both, in h, and accept or printed name of a	the State of the obligat	of Florida. Si ions of, Sec	uch change wa tion 607.0505,	as authorize , Florida Sta	ed by to tutes.	the corpor	ration's board of dire	ectors. I hereby acc	ept the a	īE	
office or i agent. I a SIGNATURE	registered age am familiar with Signature, typed	or printed name of of	the State of the obligat egistered agent	of Florida. Solions of, Sec land title if applied DDIRECTO	uch change wa tion 607.0505,	as authorize Florida Sta NOTE: Register 13	ed by to tutes.	the corpor	ration's board of dire	IS/CHANGES TO C	ept the a	īE	
office or agent. I a SIGNATURE	registered age am familiar with Signature, typed	or printed name of of	the State of the obligat egistered agent	of Florida. Solions of, Sec land title if applied DDIRECTO	uch change wation 607.0505,	as authorize Florida Sta NOTE: Registere 13	ed by t stutes.	the corpor	quired when reinstating) ADDITION PRESISE WILLIAM	IS/CHANGES TO C N+ EDWAKDS	ept the a	TE RS AND DIRECT	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE	registered age am familiar with Signature, typed	or printed name of of	the State of the obligat egistered agent	of Florida. Solions of, Sec land title if applied DDIRECTO	uch change wation 607.0505,	as authorize , Florida Sta NOTE: Registere 13 1.1	ed by to atutes. HATLE NAME	the corpor	puired when reinstating) ADDITION PRESIDE	IS/CHANGES TO C N+ EDWAKDS	oAT	TE S AND DIRECT Change	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME	Signature, typed Ress. Joyc. 3310	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Register 13 1.1 1.2 1.3	ed by to atutes. HATLE NAME	t signature req	quired when reinstating) ADDITION PRESIDE WILLIAM 145 1074	ISICHANGES TO C At EDWARDS A are	oal	S AND DIRECT Change	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed Ress. Joyc. 3310	or printed name of of	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Register 13 1.1' 1.2 1.31 1.44	ed by to atutes. In the second of the secon	t signature req	quired when reinstating) ADDITION PRESISE WILLIAM 145 ID74 TROASURE	ISICHANGES TO C At EDWARDS HATE TSLORD ESIDENT	DATE OF FICER	TE S AND DIRECT Change	ORS IN 12
office of agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed Ress. Joyc. 3310	or printed name of recording to the second of the second o	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Register 13 1.1' 1.2 1.33 1.40 E 2.1'	ed by to attutes. ITILE NAME STREET CITY-ST	t signature req	quired when reinstating) ADDITION PRESISE WILLIAM 145 ID74 TROASURE	ISICHANGES TO C At EDWARDS HATE TSLORD ESIDENT	DATE OF FICER	S AND DIRECT Change	ORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident Standard Sta	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Registere 13 1.1 1.2 1.3 1.4 2.1 2.2	ed by to tutes. ITILE NAME STREET CITY-ST TILE NAME	t signature req	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Resident Standard Sta	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Registere 13 1.1: 1.2: 1.3: 1.4. 2.1: 2.2: 2.3:	ed by to tutes. ITILE NAME STREET CITY-ST TILE NAME	the corporative requirements of the corporative requirements o	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Resident Standard Sta	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (f) PRS DELETE	as authorize Florida Sta NOTE: Registers 1.1: 1.2: 1.3: 1.44 E 2.1: 2.2: 2.3: 2.4	ed by to tutes. ITILE NAME STREET CITY-ST TITLE NAME STREET	the corporative requirements of the corporative requirements o	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD /I PSIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office of agent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Resident Standard Sta	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE	as authorize Florida Sta NOTE: Register 13 1.1: 1.2: 1.3: 2.21 2.2: 2.3: 2.4 3.1:	ed by the state of	the corporative requirements of the corporative requirements o	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered age m familiar with Signature, typed PRes J J G G G G G G G G G G G G G G G G G	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE	as authorize Florida Sta NOTE: Registere 133 1.1: 1.2: 1.3: 2.2: 2.3: 2.4 3.1: 3.32!	ed by the state of	the corporative requirements of the corporative requirements o	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered age m familiar with Signature, typed PRes J J G G G G G G G G G G G G G G G G G	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE	as authorize Florida Sta NOTE: Register 13 1.1: 1.2: 1.3: 2.2: 2.3: 2.4 3.1: 3.3: 3.3: 3.4.	ad by to the total and the tot	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered age m familiar with Signature, typed PRes J J G G G G G G G G G G G G G G G G G	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE	as authorize Florida Sta NOTE: Register 133 E 1.1' 1.2' 1.3' 2.4' E 2.1' 2.3' 2.4 E 3.1' 3.3' 3.4. E 41'	ad by to the total and the tot	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered age m familiar with Signature, typed PRes J J G G G G G G G G G G G G G G G G G	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE	as authorize Florida Sta NOTE: Register 133 E 1.1' 1.2' 1.3' 2.4' E 2.1' 2.3' 2.4 E 3.1' 3.3' 3.4. E 41'	ad by to the total and the tot	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office of agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	registered age am familiar with Signature, typed PRes. Joyc. 33/9. 31/Pe.	or printed name of recording to the second s	the State of the obligate agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE	as authorize, Florida Sta NOTE: Registers 13 1.1' 1.2 1.3: 1.44 2.21' 2.3: 2.4 3.1' 3.34 4.1' 4.2	ad by to the test of test of the test of the test of the test of test	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered age am familiar with Signature, typed PRes. Joyc. 33/9. 31/Pe.	or printed name of recording to the second s	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE DELETE	as authorize, Florida Sta NOTE: Registers 13 1.11 1.21 1.33 1.44 2.21 2.33 2.4 3.11 3.34 4.11 4.2 4.33 4.44	and by to the text of the text	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	SAND DIRECT Change	ORS IN 12 Addition Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered age am familiar with Signature, typed PRes. Joyc. 33/9. 31/Pe.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE	as authorize Florida Sta NOTE: Register 133 1.1: 1.2: 1.3: 2.4: 2.3: 2.4 3.1: 3.2: 3.3: 4.4: 4.2 4.3: 4.4: 4.2 4.3: 4.4: 5.11	ad by to the total transfer of the transfer of the transfer of trans	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	S AND DIRECT Change	ORS IN 12 Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered age am familiar with Signature, typed PRes. Joyc. 33/9. 31/Pe.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE DELETE	as authorize, Florida Sta NOTE: Registers 13 1.1' 1.2 1.3: 1.4/ 2.2 2.3: 2.4 3.1'	and by the tributes. And Agents to the tributes. And Agents to the tributes	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	SAND DIRECT Change	ORS IN 12 Addition Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered age am familiar with Signature, typed PRes. Joyc. 33/9.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE DELETE	as authorize Florida Sta NOTE: Registers 13 1.1' 1.2 1.3: 1.4/ 2.2 2.3: 2.4 3.1' 4.2 4.3: 4.40 5.17 5.2 5.3:	and by the tributes. ITITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRABURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	SAND DIRECT Change	ORS IN 12 Addition Addition
office of a agent. I a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered age am familiar with Signature, typed PRes. Joyc. 33/9.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE DELETE	as authorize Florida Sta NOTE: Registers 13 1.1' 1.2' 1.3: 1.44 2.1' 2.21 2.3: 2.4 3.1' 4.2 4.3: 4.40 5.11 5.2! 5.33 5.44	ad by to the total	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRASURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	33706 Change Change	ORS IN 12 Addition Addition Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered age am familiar with Signature, typed PRes. Joyc. 33/9.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) PRS DELETE DELETE	as authorize Florida Sta NOTE: Registers 13 1.1' 1.2' 1.3: 1.44 2.1' 2.21 2.3: 2.4 3.1' 4.2 4.3: 4.40 5.11 5.2! 5.3: 5.44 6.11	AND THE STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRASURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	SAND DIRECT Change	ORS IN 12 Addition Addition
office of a agent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered age am familiar with Signature, typed PRes. Joyc. 33/9.	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE DELETE	as authorize Florida Sta NOTE: Registers 13 1.1: 1.2: 1.3: 1.44 2.1: 2.2: 2.3: 2.4 3.1: 3.2: 4.3: 4.2 4.3: 5.2: 5.3: 5.40 611 62:	and by the truth of	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRASURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	33706 Change Change	ORS IN 12 Addition Addition Addition
office of a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered age am familiar with Signature, typed PROS. Toyc. 33/0.5 The State of th	or printed name of recording to the second of the second o	the State of the obligate agent agent CERS ANI	of Florida. Silons of, Sec	uch change watton 607.0505, cable (*) ORS DELETE DELETE	as authorize Florida Sta NOTE: Registers 13 1.1: 1.2: 1.3: 1.44 2.1: 2.2: 2.3: 2.4 3.1: 3.2: 4.3: 3.4. 5.4 6.11 6.2: 6.3.5	and by the truth of	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP	ADDITION RESIDE WILLIAM INSTITUTE ADDITION RESIDE WILLIAM INSTITUTE TRASURE LAURA	ISICHANGES TO CO At EDWARDS HA ATE TSLOOD IN ESIDENT RUSHMOI	DATE OF THE REPORT OF THE REPO	33706 Change Change	ORS IN 12 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 trusted embowered 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 attangement with an address, with all other like empowered.

SIGNATURE

SHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORDATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylume Phone #

CR2E034 (11/98)