NAME WINSTON, GAYLE 12 NAME	COF ANNL	PROFIT RPORATION JAL REPORT <b>1999</b>			LORIDA DEPARI Katherin Secretary DIVISION OF CO	e Harris	6			<b>1999 8</b> <b>ry of 8</b> 90082 009 ***			
Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address PoleAND BEACH FL 3009 UPAND BEACH FL 3009 UPA	1. Corporation	n Name		09323	85							12002 0121 2000	
Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address PoleAND BEACH FL 3009 UPAND BEACH FL 3009 UPA													
OWPAND BEACH R. 3069     POMPAND BEACH R. 3069       US     3. Date Incorporation Organized       1. Do NOT WRITE IN THIS SPACE       2. Principal Frace of Business     2.a. Malling Address       2. Principal Frace of Business     2.a. Malling Address       3. Date Incorporation Organized     Applied frace       3. Date Incorporation Organized     State       3. Date Incorporation Organized     Address of Current Registered Agent       3. Date Incorporation Organized Fractors     Name and Address of New Registered Agent       3. Date Incorporation Organized Fractors     Name and Address of New Registered Agent       3. Date Incorporation Organized Fractors     Name and Address of New Registered Agent       3. Date Incorporation Organized Fractors     Name and Address of New Registered Agent       3. Date Incorporation Organized Fractors     Name and Address of New Registered Agent       3. Date Incorporation Organized Fractors     Name and	Principal Place	e of Business		-									
US													
2         Proceed Flace of Business         2a         Mailing Address         4. FEI Number         Applied For           Bullo, Apt, #, ricc.         2a         Suito, Apt, #, ricc.         5. Certificate of Status Desired         Feis Required           2         City & State         City & State         City & State         City & State         State, Apt, #, ricc.         State, Apt,				US					rated or Qualifed	TE IN THIS SPAC	Έ~		
Suite. Apt. #, etc.       2       Suite. Apt. #, etc.       5       Gordfrate of Status Desired       \$8,75 Apdisonal         2       City & State       City & State       City & State       6. Certificate of Status Desired       Fear Apagined         3       Zip       Country       2       Country       2       Address of Country       8. The corporation over the current year functoribution       Address of New Registered Agent         4       zg       20       Country       8. The corporation over the current year functoribution       Name and Address of New Registered Agent         8       BLACKMAN, VERONICA       81       Name and Address of Our Registered Agent       81       Name and Address of New Registered Agent         8       BLACKMAN, VERONICA       81       Name and Address of One Number is Not Acceptable)       90         9       POWERNUE ROAD       82       Street Address of New Registered Agent       81         10       Name and Address of One Stot of Statutes. The above named corporation submits his atterment for the provisions of Sections Stor brandow set authorized by the corporation's board of directs. Intersty and corporation address in the statement of the appoint were applied of Forits. Stor brandow set authorized by the corporation's board of directs. Intersty and corporation address atterations Store Power and address of One Power and address of One Power and address of One Power and address of Chenging Interepower and address of Chenging Interepowere	2. Principal P	lace of Business		2a. Mailing	g Address				<u> </u>		Арр	lied For	
City & State     C				<u> </u>				65-065519	97				
City & State       City & State <ul> <li>Country</li> <li>Zp</li> <li>Zp</li> <li>Country</li> <li>Zp</li> <li>Street Address of New Registered Agent</li> <li>Street Address (P.O. Box Number is No! Acceptable)</li> <li>Street Address (P.O. Box Number is No! Acceptable)</li> <li>Street Address (P.O. Box Number is No! Acceptable)</li> <li>Zp Code</li> <li>Code</li> <li>Zp</li> <li>Code</li> <li>Zp</li> <li>Code</li> <li>Zp</li> <li>Code</li> <li>Zp</li> <li>Code</li> <li>Street Address (P.O. Box Number is No! Acceptable and thetall the information and thetall the informat</li></ul>		#, etc.		<u> </u>	Apt. #, etc.			5. Certifcate of	Status Desired	1 1			
Zip         Country         Zip         Country         S. This conjustion owes the current variantial with an interview of the current variantial with the current variantial varianteri	City & Stat	e		City &	State								
41       [30]       100       1	Zip		/				iry					No	
BLACKMAN, VERONICA 719 N. POWERLINE ROAD POMPANO BCH FL 33069     81       Street Address (P.O. Box Number is Not Acceptable)       64     City       64     City       64     City       65     Zip Code       66     City       67     City       68     City       64     City       64     City       65     Zip Code       66     City       67     City       68     City       68     City       69     City       61     City       62     City       63     City       64     City       65     Zip Code       66     City       67     City       68     Zip Code       68     City       68     City       70     OFFICERS AND DIRECTORS       12     OFFICERS AND DIRECTORS       12     OFFICERS AND DIRECTORS       13     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       12     OFFICERS AND DIRECTORS       14     13 Street Address 5       171     City City City City City City City City	4		ss of Current			30							
719 N. POWERLINE ROAD POMPANO BCH FL 33069       82       Street Address (P.O. Box Nummer's Not Address (P.O. Box Nummer's Numer's Nummer's Nummer's Numer's Numer's Nummer's Nummer's Nummer's N						8	1 Name						
POMPANO BCH FL 33069			r			1	2 Street Ac	Idress (P.O. Box Numi	per is Not Accept	able)			
Image: Street Access         OFFICERS AND DIRECTORS         13. Street Access         22. Market         Change         Addition           Time:         The Access         Change         1.1 The Access         Change         Addition           Street Access         Construct         Change         Addition         Change         Addition           Street Access         Construct         Change         Addition         Change         Addition           Street Access         Construct         Construct<		IN. FUTTERLINE RUAL											
11. Dreamant is the provisions of Sections 607 0502 and 607 1506, Floride Statutes, the above-named corporation submits this statement for the purpose of Changing its registered agent, or both, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and the floride statutes, the appointment as registered agent, and accept the optigitations of, Section 607:0506, Floride Statutes, Thereby accept the appointment as registered agent, and accept the optigitations of, Section 607:0507, Floride Statutes, Thereby accept the appointment as registered accepts, and accept the optigitation of, Section 112,07(30), Floride Statutes, Thereby accept the appointment as registered accepts, and accept the optigitation of, Section 112,07(30), Floride Statutes, Thereby accept the appointment as registered accepts, and the statument of applications of, Section 112,07(30), Floride Statutes, Thereby accept the appointment as registered accepts, and thereby accept the applications and the floride accept the applications of, Section 112,07(30), Floride Statutes, Thereby accept the applications and the floride accept thereby accept the applications and the floride accept the applica	POM					8	3						
office or registered agent, or both, in the State of Florida, Stuch change was authorized by the corporation's board of directors. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the objects. Interetry accept the appointment as registered agent. I and accept the object agent. Interetry accept the appointment as registered agent. I and accept the object the appointent agent. I and accept the object the appointent agent	POM									85	Zin C	ode	
SIGNATURE       Userset       OFFICERS AND DIRECTORS       INOTE Reported Agent symptom requires when reinstalling)       DATE         12       OFFICERS AND DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ITTLE       ITTLE       ITTLE       ITTLE       ITTLE         WAME       WINSTON, GAYLE       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ITTLE       ITTLE       ITTLE       ITTLE       ITTLE         WAME       WINSTON, GAYLE       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ITTLE       ITTLE       ITTLE       ITTLE       ItTLE         WAME       WINSTON, GAYLE       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         ITTLE       POMPANO BCH FL 33068       ItTLE       ItTLE       Addition         WAME       IEVLORN, GLES       23       ItTLE       ItTLE       ItTLE         STREET ADDRESS       ItTLE       ItTLE </th <th></th> <th>IPANO BCH FL 33069</th> <th>•</th> <th></th> <th></th> <th>٤</th> <th>14 City</th> <th></th> <th></th> <th>FL</th> <th></th> <th></th> <th></th>		IPANO BCH FL 33069	•			٤	14 City			FL			
Biguaites, topid or printed name of Registered Agent (applicable	11. Pursuant	IPANO BCH FL 33069	ions 607.0502	of Florida, Such	h change was au	s, the abo	4 City	prporation submits this ation's board of directo	statement for the rs. I hereby accept	FL purpose of chang	ing its r	egistered	
www.e       WINSTON, GAYLE       12 NAME       12 NAME       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS       14 CITY-ST.2/P       Change       Addition         POMPANO BCH FL 33068       11 TITLE       11 TITLE       Change       Addition         NAME       LEVLORN, GILES       23 STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         2751 INW 18TH TERRACE       23 STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         3772 FT LAUDERDALE FL       24 CITY-ST.2/P       Change       Addition         Street ADDRESS       21 NUME       33 STREET ADDRESS       Change       Addition         STREET ADDRESS       0 DELETE       31 TITLE       Change       Addition         NAME       0 DELETE       31 STREET ADDRESS       0 Change       Addition         STREET ADDRESS       0 DELETE       31 STREET ADDRESS       0 Change       Addition         STREET ADDRESS       0 DELETE       41 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 STREET ADDRESS	11. Pursuant office or r agent. I a	to the provisions of Sect egistered agent, or both, m familiar with, and acco	ions 607.0502 in the State o apt the obligati	of Florida. Such ions of, Section	h change was au	s, the abo	4 City	prporation submits this ation's board of directo	statement for the rs. I hereby accep	FL purpose of chang	ing its r	egistered	
www.e       WINSTON, GAYLE       12 NAME       12 NAME       13 STREET ADDRESS       13 STREET ADDRESS       13 STREET ADDRESS       14 CITY-ST.2/P       Change       Addition         POMPANO BCH FL 33068       11 TITLE       11 TITLE       Change       Addition         NAME       LEVLORN, GILES       23 STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         2751 INW 18TH TERRACE       23 STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         3772 FT LAUDERDALE FL       24 CITY-ST.2/P       Change       Addition         Street ADDRESS       21 NUME       33 STREET ADDRESS       Change       Addition         STREET ADDRESS       0 DELETE       31 TITLE       Change       Addition         NAME       0 DELETE       31 STREET ADDRESS       0 Change       Addition         STREET ADDRESS       0 DELETE       31 STREET ADDRESS       0 Change       Addition         STREET ADDRESS       0 DELETE       41 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 TITLE       0 Change       Addition         STREET ADDRESS       0 DELETE       51 STREET ADDRESS	11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sect registered agent, or both, im familiar with, and acco Signature, typed or printed name	ions 607.0502 in the State o apt the obligati	of Florida. Such ions of, Section	h change was au n 607.0505, Flori He. (NOTE: I	s, the abo thorized t da Statut Registered A	I4 City we-named cc by the corpora es.	uired when reinstating)		purpose of chang pt the appointmen	ing its r t as regi	egistered istered	
STREET ADDRESS       6261 SW 18 SINEE1       13 STREET ADDRESS         CITY-ST-ZIP       POMPANO BCH FL 33068       14 CITY-ST-ZIP         ITTLE       P       DELETE       21 TTTLE         NAME       LEVLORN, GILES       23 STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         CITY-ST-ZIP       FT LAUDERDALE FL       2 4 CITY-ST-ZIP       Change       Addition         NAME       BLACKMAN, VERONICA       33 STREET ADDRESS       Change       Addition         STREET ADDRESS       719 N. POWERLINE ROAD       33 STREET ADDRESS       Change       Addition         NAME       BLACKMAN, VERONICA       32 NAME       32 NAME       Change       Addition         STREET ADDRESS       719 N. POWERLINE ROAD       33 STREET ADDRESS       Change       Addition         TITLE       SCONTY-ST-ZIP       Change       Addition       Addition         STREET ADDRESS       42 CITY-ST-ZIP       Change       Addition         TITLE       STREET ADDRESS       STREET ADDRESS       Change       Addition         STREET ADDRESS       STREET ADDRESS       Change       Addition       STREET ADDRESS         CITY-ST-ZIP       STREET ADDRESS       STREET ADDRESS       Change       Addition	<ol> <li>Pursuant office or r agent. I a SIGNATURE</li> <li>12.</li> </ol>	to the provisions of Sect registered agent, or both, im familiar with, and acco Signature, typed or printed name	ions 607.0502 in the State o apt the obligati	of Florida. Such ions of, Section	h change was au n 607.0505, Flori le. (NOTE: I	s, the abo thorized t da Statut Registered A 13.	4 City ove-named cc by the corpora es.	uired when reinstating)		Purpose of chang pt the appointmen DATE FICERS AND DIF	ing its r t as regi RECTOF	egistered istered	
ITTLE P Change C	<ol> <li>Pursuant office or r agent. I a SIGNATURE</li> <li>12.</li> <li>TITLE</li> </ol>	to the provisions of Sect registered agent, or both, im familiar with, and acce Signature. typed or printed name O T WINSTON, GAYLE	ions 607.0502 in the State o apt the obligati or registered agent FFICERS AND	of Florida. Such ions of, Section	h change was au n 607.0505, Flori le. (NOTE: I	s, the abc thorized t da Statute Registered A 13.	14 City ove-named cc by the corporates.	uired when reinstating)		Purpose of chang pt the appointmen DATE FICERS AND DIF	ing its r t as regi RECTOF	egistered istered RS IN 12	
NAME       LEVLORN, GILES       22 NUME         STREET ADDRESS       2751 NW 18TH TERRACE       23 STREET ADDRESS         CITY-ST.ZIP       FT LAUDERDALE FL       24 GITY-ST.ZIP         ITTLE       S       DELETE       31 TTLE         NAME       BLACKMAN, VERONICA       32 NAME       Change       Addition         STREET ADDRESS       719 N. POWERLINE ROAD       33 STREET ADDRESS       Change       Addition         CITY-ST.ZIP       POMPANO BCH FL 33068       14 CITY-ST-ZIP       Change       Addition         NAME       DELETE       4.1TTLE       Change       Addition         NAME       OELETE       4.1TTLE       Change       Addition         NAME       OELETE       4.1TTLE       Change       Addition         NAME       STREET ADDRESS       43 STREET ADDRESS       Change       Addition         NAME       DELETE       5.1TTLE       Change       Addition         NAME       STREET ADDRESS       S.3 STREET ADDRESS       Change       Addition         NAME       STREET ADDRESS       S.3 STREET ADDRESS       Change       Addition         STREET ADDRESS       S.4 CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS <td>11. Pursuant office or r agent. I a SIGNATURE 12. 11. ITTLE NAME STREET ADDRESS</td> <td>to the provisions of Sect registered agent, or both, in familiar with, and acco Signature, typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE</td> <td>ions 607.0502 in the State o opt the obligati of registered agent FFICERS AND</td> <td>of Florida. Such ions of, Section</td> <td>h change was au n 607.0505, Flori le. (NOTE: I</td> <td>Registered A 13. 1.1 TITU 1.2 NAM</td> <td>City     City     Ove-named cc     y the corpora es.      gent signature requ     E E E E E E E E E E E E E E E E E</td> <td>uired when reinstating)</td> <td></td> <td>Purpose of chang pt the appointmen DATE FICERS AND DIF</td> <td>ing its r t as regi RECTOF</td> <td>egistered istered RS IN 12</td> <td></td>	11. Pursuant office or r agent. I a SIGNATURE 12. 11. ITTLE NAME STREET ADDRESS	to the provisions of Sect registered agent, or both, in familiar with, and acco Signature, typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE	ions 607.0502 in the State o opt the obligati of registered agent FFICERS AND	of Florida. Such ions of, Section	h change was au n 607.0505, Flori le. (NOTE: I	Registered A 13. 1.1 TITU 1.2 NAM	City     City     Ove-named cc     y the corpora es.      gent signature requ     E E E E E E E E E E E E E E E E E	uired when reinstating)		Purpose of chang pt the appointmen DATE FICERS AND DIF	ing its r t as regi RECTOF	egistered istered RS IN 12	
CrtV-ST-ZIP       TT LAUDERDALE FL       2.4 CITV-ST-ZIP         TITLE       S       DELETE       3.1 TITLE       Change       Addition         NAME       BLACKMAN, VERONICA       32 NAME       STREET ADDRESS       3.3 STREET ADDRESS       CITV-ST-ZIP       Change       Addition         POMPANO BCH FL 33068       34. CITV-ST-ZIP       OELETE       4.1 TITLE       Change       Addition         STREET ADDRESS       OELETE       4.1 TITLE       Change       Addition         STREET ADDRESS       OELETE       4.1 TITLE       Change       Addition         NAME       DELETE       4.2 NAME       Change       Addition         STREET ADDRESS       4.3 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       DELETE       5.1 TITLE       Change       Addition         NAME       STREET ADDRESS       S3 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       S3 STREET ADDRESS       S3 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       S3 STREET ADDRESS       S3 STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       STREET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sect registered agent, or both, in familiar with, and acco Signature, typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE	ions 607.0502 in the State o opt the obligati of registered agent FFICERS AND	of Florida. Such ions of, Section	h change was au n 607.0505, Flori a(NOTE: 1 S DELETE	s, the abc thorized t da Statut Registered A 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY	City     City     Ove-named cc     ovy the corpora es.     es.     E     E     E     E     E     E     E     E     E     E     E     S     ST-ZIP	uired when reinstating)		Purpose of chang purpose of chang pt the appointmen DATE FICERS AND DIF	ing its reg t as reg RECTOF hange	egistered istered	
ITTLE       S       DELETE       3.1 TTLE       Change       Addition         NAME       BLACKMAN, VERONICA       32 NAME       33 STREET ADDRESS       CTY-ST-ZIP       Change       Addition         TITLE       DELETE       3.1 TTLE       Change       Addition         STREET ADDRESS       CTY-ST-ZIP       DELETE       A.1 TTLE       Change       Addition         STREET ADDRESS       DELETE       4.1 TTTLE       Change       Addition         NAME       DELETE       4.1 STREET ADDRESS       CTY-ST-ZIP       Change       Addition         NAME       DELETE       STREET ADDRESS       4.2 NAME       Change       Addition         NAME       DELETE       STREET ADDRESS       CTY-ST-ZIP       Change       Addition         NAME       DELETE       STREET ADDRESS       S3 STREET ADDRESS       CTY-ST-ZIP       Change       Addition         STREET ADDRESS       S3 STREET ADDRESS       S4 CTY-ST-ZIP       Change       Addition         NAME       DELETE       6.1 TTLE       Change       Addition         NAME       S3 STREET ADDRESS       S4 CTY-ST-ZIP       Change       Addition         NAME       S3 STREET ADDRESS       S4 CTY-ST-ZIP       Change <t< td=""><td>11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td><td>to the provisions of Sect registered agent, or both, im familiar with, and acco Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P</td><td>ions 607.0502 in the State o opt the obligati of registered agent FFICERS AND</td><td>of Florida. Such ions of, Section</td><td>h change was au n 607.0505, Flori a(NOTE: 1 S DELETE</td><td>s, the abc thorized t da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU</td><td>City     City     Ove-named cc     y the corpora es.     Gent signature requ     E     E     E     E     E     E     E     TADRESS     -ST-ZIP     E</td><td>uired when reinstating)</td><td></td><td>Purpose of chang purpose of chang pt the appointmen DATE FICERS AND DIF</td><td>ing its reg t as reg RECTOF hange</td><td>egistered istered</td><td></td></t<>	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sect registered agent, or both, im familiar with, and acco Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P	ions 607.0502 in the State o opt the obligati of registered agent FFICERS AND	of Florida. Such ions of, Section	h change was au n 607.0505, Flori a(NOTE: 1 S DELETE	s, the abc thorized t da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU	City     City     Ove-named cc     y the corpora es.     Gent signature requ     E     E     E     E     E     E     E     TADRESS     -ST-ZIP     E	uired when reinstating)		Purpose of chang purpose of chang pt the appointmen DATE FICERS AND DIF	ing its reg t as reg RECTOF hange	egistered istered	
Internation       Street ADDRESS         STREET ADDRESS       31 STREET ADDRESS         CITY-ST-ZIP       DELETE         NAME       12 NAME         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       DELETE         NAME       12 NAME         STREET ADDRESS       44 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         STREET ADDRESS       44 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         STREET ADDRESS       44 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         STREET ADDRESS       51 TITLE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       DELETE         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       Change       Addition         STREET ADDRESS       53 STREET ADDRESS       Change         CITY-ST-ZIP       64 CITY-ST-ZIP       Change       Addition         STREET ADDRESS       63 STREET ADDRESS       53 STREET ADDRESS       Change       Addition         STREET ADDRESS       63 STREET ADDRESS       63 STREET ADDRESS       Change       Addition <td>11. Pursuant office or r agent. I a SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME</td> <td>to the provisions of Sect registered agent, or both, im familiar with, and acco Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER</td> <td>ions 607.0502 in the State o opt the obligati PL (Construction of registered agent FFICERS ANE T 33068 RRACE</td> <td>of Florida. Such ions of, Section</td> <td>h change was au n 607.0505, Flori a(NOTE: 1 S DELETE</td> <td>s, the abd thorized b da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM</td> <td>City     City     Ove-named cc     y the corpora es.      gent signature requ     E     E     E     E     E     TADRESS     -ST-ZIP     E     E</td> <td>uired when reinstating)</td> <td></td> <td>Purpose of chang purpose of chang pt the appointmen DATE FICERS AND DIF</td> <td>ing its reg t as reg RECTOF hange</td> <td>egistered istered</td> <td></td>	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sect registered agent, or both, im familiar with, and acco Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER	ions 607.0502 in the State o opt the obligati PL (Construction of registered agent FFICERS ANE T 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori a(NOTE: 1 S DELETE	s, the abd thorized b da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM	City     City     Ove-named cc     y the corpora es.      gent signature requ     E     E     E     E     E     TADRESS     -ST-ZIP     E     E	uired when reinstating)		Purpose of chang purpose of chang pt the appointmen DATE FICERS AND DIF	ing its reg t as reg RECTOF hange	egistered istered	
T19 N. POWERLINE ROAD       3.3 STREET ADDRESS         POMPANO BCH FL 33068       3.4 CITY-ST-ZIP         TITLE       □ DELETE         NAMÉ       4.2 NAME         STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CITY-ST-ZIP         TITLE       □ DELETE         STREET ADDRESS       4.4 CITY-ST-ZIP         TITLE       □ DELETE         STREET ADDRESS       4.4 CITY-ST-ZIP         TITLE       □ DELETE         STREET ADDRESS       5.1 TITLE         STREET ADDRESS	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	to the provisions of Sect registered agent, or both, im familiar with, and acco Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER	ions 607.0502 in the State o opt the obligati PL (Construction of registered agent FFICERS ANE T 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	s, the abc thorized I da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT	City     Ove-named cc     oyy the corpora ess. gent signature requ E E E E E E E E E E E E E E E E E E E	uired when reinstating)		Purpose of chang put the appointmen DATE FICERS AND DIF	RECTOF	egistered istered 2S IN 12 Addition	
TITLE       DELETE       4.1 TITLE       Change       Addition         NAME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         STREET ADDRESS       4.4 CITY-ST-ZIP       4.4 CITY-ST-ZIP       Addition         TITLE       DELETE       5.1 TITLE       Change       Addition         NAME       52 NAME       53 STREET ADDRESS       Addition         STREET ADDRESS       53 STREET ADDRESS       Street ADDRESS       Street ADDRESS         CITY-ST-ZIP       DELETE       6.1 TITLE       Change       Addition         NAME       STREET ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS         STREET ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS         CITY-ST-ZIP       DELETE       6.1 TITLE       Change       Addition         STREET ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS         CITY-ST-ZIP       Street ADDRESS       Street ADDRESS       Street ADDRESS         STREET ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS         STREET ADDRESS       Street ADDRESS       Street ADDRESS       Street ADDRESS         STREET ADDRESS       Street ADDRESS       Str	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sect registered agent, or both, im familar with, and acce Signature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TEF FT LAUDERDALE FI S	ions 607.0502 in the State o appl the obligati FFICERS AND TT 33068	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	s, the abc thorized I da Statut 	IA City Dive-named cc poy-named cc poy-the corpora es. gent signature requ E E E E E E E E E E E E E	uired when reinstating)		Purpose of chang put the appointmen DATE FICERS AND DIF	RECTOF	egistered istered 2S IN 12 Addition	
Inite     Locente     Anite       NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS       CITY-ST-ZIP     44 CITY-ST-ZIP       ITTLE     DELETE       STREET ADDRESS     5.3 STREET ADDRESS       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       STREET ADDRESS     5.3 STREET ADDRESS       CITY-ST-ZIP     Street ADDRESS       STREET ADDRESS     5.4 CITY-ST-ZIP       TITLE     DELETE       61 TITLE     Change       Addition       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       STREET ADDRES	11. Pursuant office or r agent. I a SIGNATURE 12. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON	ions 607.0502 in the State o appl the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	s, the abc thorized I da Statut 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITU 3.2 NAM	IA City Dive-named cc pove-named cc pove-named cc es. State of the corporation of the corporation of the corporation E E E E E E E E E E E E E	uired when reinstating)		Purpose of chang put the appointmen DATE FICERS AND DIF	RECTOF	egistered istered 2S IN 12 Addition	
STREET ADDRESS       4.3 STREET ADDRESS         CITY-ST-ZIP       4.4 CiTY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.1 TITLE         NAME       S2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       S4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.4 CITY-ST-ZIP         CITY-ST-ZIP       DELETE         OELETE       6.1 TITLE         NAME       62 NAME         STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.3 STREET ADDRESS         CITY-ST-ZIP       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 CITY-ST-ZIP	11. Pursuant office or r agent. I a SIGNATURE 12. ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	Image: statut         Image: statut           Registered A         13.           1.1 TITU         1.2 NAM           1.3 STRI         1.4 CITY           2.1 TITU         2.2 NAM           2.3 STRI         2.4 CIT           3.1 TITU         3.2 NAM           3.3 STRI         3.4 CIT	I4 City Dive-named cc pove-named cc pove-named cc es. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C	hange	egistered istered RS IN 12 Addition	
CITY-ST-ZIP       44 CITY-ST-ZIP         TITLE       DELETE       51 TITLE         NAME       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY-ST-ZIP       54 CITY-ST-ZIP         CITY-ST-ZIP       61 TITLE         STREET ADDRESS       63 STREET ADDRESS         STREET ADDRESS       64 CITY-ST-ZIP         CITY-ST-ZIP       64 CITY-ST-ZIP	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 S DELETE DELETE DELETE DELETE	Image: statut         Image: statut           Registered A         13.           1.1 TITU         1.2 NAM           1.3 STRI         1.4 CITY           2.1 TITU         2.2 NAM           2.3 STRI         2.4 CIT           3.1 TITU         3.2 NAM           3.3 STRI         3.4 CIT           3.4. CIT         4.1 TITU	I4 City Dive-named cc pove-named cc pove-named cc pove-named cc es. I4 City Dive-named cc I5 City E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C	hange	egistered istered RS IN 12 Addition	
Inite     Inite     Inite       NAME     52 NAME       STREET ADDRESS     53 STREET ADDRESS       CITY-ST-ZIP     Street ADDRESS       TITLE     IDELETE       0 DELETE     61 TITLE       0 DELETE     61 TITLE       STREET ADDRESS     62 NAME       STREET ADDRESS     63 STREET ADDRESS       CITY-ST-ZIP     63 STREET ADDRESS       CITY-ST-ZIP     64 CITY-ST-ZIP	11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 S DELETE DELETE DELETE DELETE	Image: second	I4 City Dive-named cc pove-named cc ove-named cc ove-named cc ove-named cc ove-named cc ove-named cc ove-named cc st st E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C	hange	egistered istered RS IN 12 Addition	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition 62 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	11. Pursuant office or r agent. I a SIGNATURE 12. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 S DELETE DELETE DELETE DELETE	Image: second	I4 City Dive-named cc gent signature requires E E E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C C C C C C	hange	egistered istered RS IN 12 Addition	
STREET ADDRESS       5.4 CITY-ST-ZIP         CITY-ST-ZIP       6.1 TITLE         TITLE       DELETE         6.1 TITLE       Change         NAME       6.2 NAME         STREET ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 CITY-ST-ZIP         CITY-ST-ZIP       6.4 CITY-ST-ZIP         CITY-ST-ZIP       6.4 CITY-ST-ZIP	11. Pursuant office or r 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 STREET ADDRESS CITY-ST-ZIP TITLE	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 DELETE DELETE DELETE DELETE	s, the abc           thorized I           I3.           1.1 TITU           1.2 NAM           1.3 STRI           1.4 CITY           2.1 TITU           2.2 NAM           2.3 STRI           3.4 CIT           3.4. CIT           4.1 TITU           3.2 NAM           3.3 STRI           3.4. CIT           4.1 TITU           4.2 NAM           4.3 STRI           4.4 CITY           5.1 TITU	I4 City Dive-named cc gent signature requires E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C C C C C	hange	egistered istered RS IN 12 Addition	
ITTLE       DELETE       6.1 TTLE       Change       Addition         NAME       62 NAME       62 NAME       63 STREET ADDRESS       63 STREET ADDRESS       64 CITY-ST-ZIP         CITY-ST-ZIP       64 CITY-ST-ZIP       64 CITY-ST-ZIP       64 CITY-ST-ZIP       119.07(3)(i). Florida Statutes, I further certify that the information	11. Pursuant office or r agent. I a SIGNATURE 12. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 DELETE DELETE DELETE DELETE	Image: second	I4 City Dive-named cc gent signature requires E E E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C C C C C	hange	egistered istered RS IN 12 Addition	
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. L bereby 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	11. Pursuant office or r 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori ie. (NOTE: 1 DELETE DELETE DELETE DELETE	Registered A           13.           1.1 TITU           1.2 NAM           1.3 STRI           1.4 CITY           2.1 TITU           2.2 NAM           3.3 STRI           3.4. CITI           4.1 TITU           3.1 TITU           2.1 A CITY           2.1 TITU           2.2 NAM           3.3 STRI           3.4. CITI           4.1 TITU           5.1 TITU           5.2 NAM           5.3 STRI	I4 City Dive-named cc gent signature requires E E E E E E E T ADDRESS -ST-ZIP E E E E E E E T ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E	uired when reinstating)		PL purpose of chang pt the appointmen DATE FICERS AND DIF C C C C C	hange	egistered istered RS IN 12 Addition	
64 CITY-ST-ZIP 64 CIT	11. Pursuant office or r 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 STREET ADDRESS CITY-ST-ZIP	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	Registered A           13.           1.1 TITU           1.2 NAM           1.3 STRI           1.4 CITY           2.1 TITU           2.2 NAM           2.3 STRI           3.4 CIT           3.3 STRI           3.4. CIT           4.1 TITU           5.2 NAM           5.3 STRI           5.4 CITY           5.4 CITY           6.1 TITU	I4 City Dive-named cc pove-named cc pove-named cc pove-named cc s. State of the second	uired when reinstating)			hange	egistered istered RS IN 12 Addition	
A Lereby 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	11. Pursuant office or r 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 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	Image: second	14 City Dyve-named cc gent signature requires. E E E E E E E E E E E E E	uired when reinstating)			hange	egistered istered RS IN 12 Addition	
	11. Pursuant office or r 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 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL SIgnature. typed or printed name O T WINSTON, GAYLE 6261 SW 18 STREE POMPANO BCH FL P LEVLORN, GILES 2751 NW 18TH TER FT LAUDERDALE FI S BLACKMAN, VERON 719 N. POWERLINE POMPANO BCH FL	ions 607.0502 in the State o apt the obligati FFICERS AND TT 33068 RRACE	of Florida. Such ions of, Section	h change was au n 607.0505, Flori 	Image: second	14       City         Dove-named cc       pove-named cc         gent signature requires.       gent signature requires         E       E	uired when reinstating)			hange	egistered istered RS IN 12 Addition	