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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000095872**1. Corporation Name

GROOMING, INC.

Principal Place of Business	Mailing Address
5453 31ST STREET S. St Petersburg Fl 33712	5453 31ST STREET S ST PETE FL 33712
IS	U\$

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90061 009 ***150.00

GI 100IIII	, (d) 1110·		·					
Principal Place	e of Business	Mailing Address						
5453 31 ST STR	EET S.	5453 31ST STREET S.			•			
ST PETERSBUR	IG FL 33712	ST PETE FL 33712			DO NOT WRITE IN TH	IIS SPACE		
US		U\$			3. Date Incorporated or Qualifed	110 SFACE		1
					12/19/1995			l
S District B	lace of Business	2a. Mailing Address			4. FEI Number	An	plied For	
-	lace of Business				59-3347978	<u> </u>	t Applicable	े
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75 A		X
	#, GIC.	27			5. Certifcate of Status Desired	Fee Re		l
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	-	28			Trust Fund Contribution	Added t		
Zip	Country .	Zip	Cour	ntry	8. This corporation owes the current year	Intangible		İ
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curr				10. Name and Address of New Register	ed Agent		
				81 Name				İ
	GUCKEN, KAY J			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			ł
1320	9TH AVE., SUITE 210			62 Street Ad	idress (F.O. box Number is not Acceptable)	grand grand and sections of	and the first of t	İ
TAM	PA FL 33605			83	· · · · · · · · · · · · · · · · · · ·	段的雜譜	湖(南)	l
					(1)。(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	12 17 21 74 131.5	63/2 (# 152)	1
						85 Zip ({
		Second Look and Chairle Ch		84 City	Formacetion submits this statement for the purpose	·L		
11. Pursuant	egistered agent, or both, in the Sta m familiar with, and accept the obli	ate of Florida. Such change wa igations of, Section 607.0505,	atutes, the at is authorized Florida Statu	pove-named co by the corpora ites.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	registered	
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the Sta rm familiar with, and accept the oblin Signature, typed or printed name of registered a	ate of Florida. Such change wa igations of, Section 607.0505,	atutes, the at is authorized Florida Statu	pove-named co by the corpora ites.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	(08)
11. Pursuant office or ragent. I a	registered agent, or both, in the Sta rm familiar with, and accept the oblin Signature, typed or printed name of registered a	ate of Florida. Such change waigations of, Section 607.0505, agent and title if applicable. (N	atutes, the atus authorized Florida Statu	pove-named co by the corpora ites.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as re	registered gistered	(44/08)
11. Pursuant office or ragent. I a SIGNATURE	registered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS. DPST	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS	atutes, the atus authorized Florida Statu	pove-named co by the corpora intes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	24 (44/08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered s OFFICERS: DPST FERNANDEZ, STACY R	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS	atutes, the at is authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA	pove-named co by the corpora intes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as re	registered gistered	E037 (44/08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the starm	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS	atutes, the at sauthorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	pove-named co by the corpora intes. Agent signature requires. TLE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as re	registered gistered	D2E034 (44 los)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered s OFFICERS: DPST FERNANDEZ, STACY R	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS	atutes, the at is authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR	DOVE-named co by the corpora intes. Agent signature requires. TLE ME REET ADDRESS TY-ST-ZIP	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as re	registered gistered	CD0E034 (44/08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE	atutes, the at sauthorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR	Agent signature requires. Agent Agent Signature requires. Agent Agent Agent Signature requires. Agent Signature requires. Agent Signature requires.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as reg	registered gistered RS IN 12	CD2E034 (44 108)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atus authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA	Agent signature requires. Agent Agent Signature requires. Agent Agent Agent Signature requires. Agent Signature requires. Agent Signature requires.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as reg	registered gistered RS IN 12	CD2E034 (44 jos)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 ST	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as reg	registered gistered RS IN 12	CD2EC34 (44 l08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CL	Agent signature requires. Agent signature requires. Agent signature requires. ILE ME REET ADDRESS IY-ST-ZIP REET ADDRESS ITY-ST-ZIP	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	of changing its pointment as reg	registered gistered RS IN 12	CD2E034 (44)08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu OTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 1.4 CR 2.1 TII 2.2 NA 2.3 ST 2.4 CR	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	e of changing its pointment as regarded. AND DIRECTO Change	registered gistered RS IN 12 Addition	CD2E034 (44 l08)
11. Pursuant office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT 2.2 NA 2.3 ST 2. 4 CI 3.1 TIT 3.2 NA	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	e of changing its pointment as regarded. AND DIRECTO Change	registered gistered RS IN 12 Addition	CD2EC24 (44 i08)
11. Pursuant office or ragent. 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	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	e of changing its pointment as regarded. AND DIRECTO Change	registered gistered RS IN 12 Addition	CD0E034 (4.108)
11. Pursuant office or ragent. 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	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. (N AND DIRECTORS DELETE	atutes, the atis authorized Florida Statu OTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 1.4 CR 2.1 TII 2.2 NA 2.3 ST 2. 4 CR 3.1 TII 3.2 NA 3.3 ST 3.4 CR	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	registered gistered RS IN 12 Addition	CD2E034 (44,08)
11. Pursuant office or ragent. 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 TREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2. 4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	registered gistered RS IN 12 Addition Addition	CD2E024 (44 ipo)
11. Pursuant office or ragent. 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	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 12 NA 1.3 ST 2.4 CT 3.1 TIT 3.2 NA 3.3 ST 3.4 CT 4.1 TIT 4.2 NV	Agent signature requires. Agent signature requi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	registered gistered RS IN 12 Addition Addition	CD2E034 (44 108)
11. Pursuant office or ragent. 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 CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 2.4 CI 3.1 TIII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N/ 4.3 ST	DOVE-named coby the corporates. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS REET ADDRESS	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulated when reinstating), AMIC DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	registered gistered RS IN 12 Addition Addition	CDDE02/(44/08)
11. Pursuant office or ragent. 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	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change we igations of, Section 607.0505, segent and title if applicable. AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 1.2 NA 1.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 4.4 CI	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ILE ME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	registered gistered RS IN 12 Addition Addition	CD2E034 (44,08)
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change waigations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 12 NA 1.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 4.4 CI	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ILE ME REET ADORESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	registered gistered RS IN 12 Addition Addition Addition	CD2E034 (44,08)
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change waigations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 TIT 12 NA 1.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ILE ME REET ADORESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	registered gistered RS IN 12 Addition Addition Addition	CDDECOAL(44)08)
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblication of the starm familiar with, and accept the oblication of the start	ate of Florida. Such change waigations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CI 5.1 TII 5.2 NA 6.3 ST	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE ILE IME	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	registered gistered RS IN 12 Addition Addition Addition	CDDENSALATION
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the oblimation of the start of	ate of Florida. Such change waigations of, Section 607.0505, agent and title if applicable. (N AND DIRECTORS DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 III 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CI 5.1 TII 5.2 NA 6.3 ST 5.4 CI	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TY-ST-ZIP	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change	registered gistered RS IN 12 Addition Addition Addition	CDDENSA'(4)08)
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblimation of the start of	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N. AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 III 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 4.4 CI 5.1 TII 5.2 NA 6.3 ST 5.4 CI	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent Address. ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	registered gistered RS IN 12 Addition Addition Addition Addition Addition	CD2E024'(44)08)
11. Pursuant office or ragent. 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the oblimation of the start of	ate of Florida. Such change we igations of, Section 607.0505, agent and title if applicable. (N. AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	atutes, the atis authorized Florida Statu. OTE: Registered 13. 1.1 III 1.2 NA 1.3 ST 1.4 CP 2.1 TII 2.2 NA 2.3 ST 2.4 CP 3.1 TII 4.2 NV 4.3 ST 4.4 CP 5.1 TII 5.2 NA 6.3 ST 5.4 CP 6.1 TII 6.2 NA	Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent signature requires. Agent Address. ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	registered gistered RS IN 12 Addition Addition Addition Addition Addition	CD2E024.(41)08)

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: &