## 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 # **P9600000774**

| SWIFT M  | IAGIC AEROBATIC TEAN   | M, INC                            |  |  |  |   |  |   |  |
|--|--|-----------------------------------|--|--|--|---|--|---|--|
| Principal Place  | e of Business  | Ma                                | ailing Address                                       |  |  |   | - I (EDI)BAI sim idiin mitti aanti asits antii a   | 1411 <b>48</b> 111 00111 10011 1              | Mit atal 1002  |
| -  |  |                                   | ) JEFFREY MCINNIS                                    |  |  |   |  |   |  |
| C/O JEFFREY MCINNIS 909 MAR WALT DRIVE STE 1014 909 MAR WALT DRIVE   |  |                                   |  | STE 1014   |  |   |  |   |  |
| FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32   |  |                                   | 547  |  |  | DO NOT WRITE IN THIS SPACE  |  |   |  |
|  |  |                                   |  |  |  |   | 3. Date Incorporated or Qualifed   |   |  |
|  |  |                                   |  |  |  |   | 12/20/1995   |   |  |
| 2. Principal Pl  | face of Business   | 2a.                               | Mailing Address                                      |  |  |   | 4. FEI Number  | Ap  | plied For  |
| 21   |  | 26                                |  |  |  |   | 59-3365205   | No  | t Applicable   |
| Suite, Apt.  | #, etc.  | 1-1-                              | Suite, Apt. #, etc.                                  |  |  |   | -5. Certificate of Status Desired  | \$8.75_                                       |  |
| 22   |  | 27                                |  |  |  | <del>-</del>  | 5. Certificate of Status Desired   | Fee Re  | quired   |
| City & State   | e  |                                   | City & State   |  |  |   | 6. Election Campaign Financing   | \$5.00  | May Be   |
| 23   |  | 28                                |  |  |  |   | Trust Fund Contribution  | Added t                                       | o Fees   |
| Zip  | Country  |                                   | Zip  | Cou  | intry  |   | 8. This corporation owes the current year  | r Intangible                                  |  |
| 24   | 25   | 29                                |  | 30   | ,  |   | Personal Property Tax.   | ☐ Yes   | <b>⊠</b> No  |
|  | 9. Name and Address of Cu  |                                   | tered Agent  |  | Τ  |   | 10. Name and Address of New Registe  | red Agent                                     |  |
|  |  | <del></del>                       |  |  | 81   | Name  |  |   | ļ  |
| MCIN   | nnis, jeffrey  |                                   |  |  | 82   | Ct A d-d  | ass (P.O. Box Number is Not Acceptable)  |   |  |
| C/O  | JEFFREY MCINNIS  |                                   |  |  | 02   | Street Addre  | ass (F.O. Box Number is Not Acceptable)  |   |  |
| 909 (  | MAR WALT DRIVE STE 1014  | )                                 |  |  | 83   |   |  |   | _  |
| FT W   | VALTON BEACH FL 32547  |                                   |  |  | Ш  |   |  | , , <u>, , , , , , , , , , , , , , , , , </u> |  |
|  |  |                                   |  |  | 84   | City  |  | =L  85   Zip (                                | Sode   |
|  | 4. 4b isiana of Castiona 607   | 7 0502 and 6                      | 07 1509 Florida State                                |  | bove   |   |  |   | registered   |
| 11. Pursuant   |  |                                   | or, rood, ribrida olak                               | ites, the a  |  | -named corpo  | the state of the s |   | minfored /   |
| agent. I a   | registered agent, or both, in the S<br>im familiar with, and accept the o  | State of Florid<br>obligations of | da. Such change was<br>, Section 607.0505, Fi        | ntes, the a<br>authorized<br>orida Stati   | by tutes.  | e-named corpo<br>the corporation  | oration submits this statement for the purpos<br>n's board of directors. I hereby accept the a   | opointment as re                              | gistered   |
| office or n<br>agent. I a  | registered agent, or both, in the S<br>im familiar with, and accept the o<br>Signature, typed or printed name of registers   | obligations of,                   | , Section 607.0303, FI                               | Olica Stati  | utes.  | -named corpo<br>the corporation   | I when reinstating) DATI   |   |  |
| agent. I a   | Im familiar with, and accept the o   | obligations of,                   | if applicable. (NO                                   | Olica Stati  | utes.  |   |  | S AND DIRECTO                                 | PRS IN 12  |
| agent. I a   | Im familiar with, and accept the o   | ed agent and title                | if applicable. (NO                                   | E: Registered  | d Agent  |   | I when reinstating) DATI   |   |  |
| agent. I a<br>SIGNATURE<br>12.   | Signature, typed or printed name of register  OFFICER  | ed agent and title                | if applicable. (NO                                   | E: Registered  | d Agent  |   | I when reinstating) DATI   | S AND DIRECTO                                 | PRS IN 12  |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of register  OFFICER  | ed agent and title                | if applicable. (NO                                   | 13.  | AME  |   | I when reinstating) DATI   | S AND DIRECTO                                 | PRS IN 12  |
| agent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS   | Signature, typed or printed name of register OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4   | ed agent and title                | if applicable. (NO                                   | 13.<br>1.1 TI<br>1.2 NJ  | AME  | at signature required   | I when reinstating) DATI   | S AND DIRECTO                                 | PRS IN 12  |
| agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of register OFFICER D KENNEDY, MICHAEL P  | ed agent and title                | if applicable. (NO                                   | 13.<br>1.1 TI<br>1.2 NJ  | Agent TLE AME TREET  | at signature required   | I when reinstating) DATI   | S AND DIRECTO                                 | PRS IN 12  |
| agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D   | ed agent and title                | # applicable. (NO                                    | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI   | Agent TLE AME TREET TY-ST  | at signature required   | I when reinstating) DATI   | S AND DIRECTO                                 | ORS IN 12  |
| agent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U   | ed agent and title                | # applicable. (NO                                    | 13.<br>1.1 TI<br>1.2 N/<br>1.3 SI<br>1.4 CI<br>2.1 TI<br>2.2 N/  | AME TREET TREET TREE AME   | ADORESS   | I when reinstating) DATI   | S AND DIRECTO                                 | ORS IN 12  |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4                     | ed agent and title                | # applicable. (NO                                    | 13. 1.1 TI 12 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI  | Agent TLE AME TREET TTLE AME TREET   | ADDRESS   | I when reinstating) DATI   | S AND DIRECTO                                 | ORS IN 12  |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U   | ed agent and title                | # applicable. (NO CTORS DELETE                       | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C   | AME TREET TTLE AME TREET TTLE TREET TTLE TREET   | ADDRESS   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | S AND DIRECTO                                 | ORS IN 12  |
| Agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4                     | ed agent and title                | # applicable. (NO                                    | 13. 1.1 TI 12 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI  | TLE AME TREET TTLE AME TREET TTLE TREET TREET  | ADDRESS   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTO Change                            | RS IN 12 Addition                                      |
| Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | Signature, typed or printed name of registers OFFICER  D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090  D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090 | ed agent and title                | # applicable. (NO CTORS DELETE                       | 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CI 3.1 TI 3.2 NV   | I Agent TLE AME TREET TITLE AME TREET TITLE TREET TREET TREET TREET  | ADDRESS T-ZIP TADDRESS  | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTO Change                            | RS IN 12 Addition                                      |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS   | Signature, typed or printed name of registers OFFICER  D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090  D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090 | ed agent and title                | # applicable. (NO ECTORS DELETE                      | 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI   | J Agent TLE AME TREET TITLE AME TREET TITLE AME TREET TITLE AME TREET  | ADDRESS T-ZIP T ADDRESS   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTO Change                            | RS IN 12 Addition                                      |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed or printed name of registers OFFICER  D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090  D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090 | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE               | 13. 1.1 TI 12 NV 1.3 ST 1.4 CI 1.7 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NV 3.3 ST 3.4 CI 3. CI 3.4 CI 3. CI 3.4 CI 3. CI 3.4 CI 3.  | J Agent TILE AME TREET TITY-ST TITE AME TREET TITE TREET TITE TREET TITE TREET   | ADDRESS T-ZIP T ADDRESS   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | RS IN 12 Addition                                      |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | Signature, typed or printed name of registers OFFICER  D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090  D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090 | ed agent and title                | # applicable. (NO ECTORS DELETE                      | 13. 1.1 TI 12 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NV 3.3 ST 3.4 .CI 4.1 TI 4.1 T | TILE  AME  TREET  TITLE  AME  TREET  TITLE  AME  TREET  TITLE  | ADDRESS T-ZIP T ADDRESS   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | AND DIRECTO Change                            | RS IN 12 Addition Addition                             |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature, typed or printed name of registers OFFICER  D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090  D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090 | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE               | 13. 1.1 TI 12 NV 1.3 ST 1.4 CI 1.7 TI 2.2 NV 2.3 ST 2.4 CI 3.1 TI 3.2 NV 3.3 ST 3.4 .CI 4.1 TI 4.2 NV 4.2 N | TILE  AME  TREET  TITLE  AME  TREET  TITLE  AME  TREET  TITLE  TITLE  TITLE  AME  TREET  TITLE  AME  TREET  TITLE  AME  AME  AME  TREET  TITLE  AME  AME  AME  TREET  AME  AME  AME  AME  TREET  AME  AME  AME  AME  AME  AME  | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS TT-ZIP                                  | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | RS IN 12 Addition Addition                             |
| AGENTURE  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   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE               | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CC 3.1 TI 3.2 N/ 3.3 S' 3.4 CC 4.1 TI 4.2 N/ 4.3 S'   | AME TREET TITLE AME TREET  | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP                                   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | RS IN 12 Addition Addition                             |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO CTORS DELETE DELETE                | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 C   | ITLE AME TREET TITLE AME TREET TITLE AME TREET TITLE T | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP                                   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | Addition  Addition  Addition                           |
| AGENTURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS  | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE               | 13. 1.1 TI 1.2 N 1.3 SI 1.4 CI 2.1 TI 2.2 N 2.3 SI 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI  | Agent TILE AME TREET TITLE AME TREET TITLE AME TREET TITLE   | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP                                   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | RS IN 12 Addition Addition                             |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO CTORS DELETE DELETE                | 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CI 3.1 TI 3.2 NV 3.3 SI 3.4 CI 4.1 TI 4.2 NV 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.2 TI 5.2 TI 5.2 NV 5.2 TI | Agent TILE AME TREET TITLE AME TREET TITLE AME TREET TITLE AME   | ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP                   | I when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | Addition  Addition  Addition                           |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO CTORS DELETE DELETE                | 13. 1.1 TI 12 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CI 3.1 TI 3.2 NV 3.3 SI 3.4 CI 4.1 TI 4.2 NV 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.2 TI 5.2 TI 5.2 NV 5.2 TI | Agent TILE AME TREET TITLE AME TREET TITLE AME TREET TITLE AME   | ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP       | J when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | Addition  Addition  Addition                           |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 S' 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI 5.4 CI 5.4 CI 5.5 TI 5.5 S' 5.4 CI 5.5 TI 5.5 T | J Agent TILE AME TREET TITLE TREET TITLE | T ADDRESS T-ZIP | J when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  Change  Change                        | PRS IN 12 Addition Addition Addition Addition Addition |
| AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO CTORS DELETE DELETE                | 13. 1.1 Π 12 N 1.3 SI 1.4 CI 2.1 Π 2.2 N 2.3 SI 2.4 C 3.1 Π 3.2 N 3.3 S 4.4 C 4.1 Π 4.2 N 4.3 S 4.4 C 5.1 Π 5.2 N 5.3 S 5.4 C 6.1 Π  | J Agent TILE AME TREET TITLE   | T ADDRESS T-ZIP | J when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  | Addition  Addition  Addition                           |
| AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registers OFFICER D KENNEDY, MICHAEL P 205 GWYNN RD, HNGR 4 LEBANON TN 37090 D KENNEDY, MARY U 205 GWYNN RD, HNGR4 LEBANNON TN 37090   | ed agent and title                | # applicable. (NO ECTORS DELETE DELETE DELETE DELETE | 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 S' 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI 5.4 CI 5.4 CI 5.5 TI 5.5 S' 5.4 CI 5.5 TI 5.5 T | J Agent TILE AME TREET TITLE   | T ADDRESS T-ZIP | J when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS   | Change  Change  Change                        | PRS IN 12 Addition Addition Addition Addition Addition |

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

PKENNEDY 3-24-99

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90001 045 \*\*\*150.00