Intel Intel Intel Intel SIMMONS, GLENN 13 STRET ADDRESS 4304C WOODSTOCK DR. 13 STRET ADDRESS OTY 51-2P UEST PALM BEACH FL 33405 14 Ctry-51-2P WEST PALM BEACH FL 33405 14 Ctry-51-2P OTTE Intel Intel Name 23 STRET ADDRESS STREET ADDRESS 23 STRET ADDRESS CTry-51-2P Intel Intel	PROFIT CORPORATION ANN UAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CC	e Harris of State	Apr 29, 1 Secreta	LED 999 8:0 ry of Sta	ate
Name Mains Address By HLSSPAD RODD 28 is HLSSPAD RODD KEST PALK BEACH FL STACS 28 is HLSSPAD RODD KEST PALK BEACH FL STACS 28 is HLSSPAD RODD KEST PALK BEACH FL STACS 28 is HLSSPAD RODD KEST PALK BEACH FL STACS 28 is HLSSPAD RODD SUB, AL, FL , etc. 20 is in copcreted or Outlieft OUT AS IS as a - City A State City A State - Electron Company Thronoing SUB, AL, FL , etc. - Solide, AL, FL , etc. 20 Country - City A State 21 Atoms and Address of Current Registered Agent 31 Name - City A State 22 A DUTUR STREET - State A dress (P O. Bon Number is Not Acceptable) 23 Nume and Address of City City A and State A dress (P O. Bon Number is Not Acceptable) 24 Dutty BEACH FL 33405 - City A State 25 Nume and Address of City City And State Based Address (P O. Bon Number is Not Acceptable) 24 Dutty BEACH FL 33405 - City A State A dress (P O. Bon Number is Not Acceptable) 25 Nume and Address of City Infle State A dress (P O. Bon Num	. Corporat on Name	00173	171				
EST PALLI BEACH FL 33ACS VEST PALLI BEACH FL 33ACS DO NOT WRITE IN THIS SPACE Principal Place of Businesis 2a, Mailing Address 4. FEI Nu fiber Applied C Stalle, ALL #, etc. Suile, ALL #, etc. S. Certificate of Staller Company Stalle, ALL #, etc. 200 Country 2a Suile, ALL #, etc. S. Certificate of Staller Company Stalle, ALL #, etc. 201 Country 2a Country 8. Certificate of Stallar Company Added to FS. 201 Country 2a Country 8. Certificate of Stallar Company Added to FS. 201 Country 2a Country 8. This company Added the Country Added to FS. 201 Country 2a Country 8. This company Th	Principal Place of Business	Mailing	Address			i i i i i i i i i i i i i i i i i i	UUUI IIUI IUUI
Principul Place of Business 2a, Mailing Address 4, FEI Number App let Error Suite, AyL #, etc. 65.0647645 McK exprised Gity & S ate 21 Suite, ApL #, etc. 5. Certificate of Status Desired Fee Regulard Gity & S ate 21 Chy & S tate 6. Electics i: Company, Financing S. 5. 00 to by En Zp Country 8. Titles concent on year the counted to mark the corrent year induction Added to Fee Zp Country 8. Titles concent on year the counted to mark the corrent year induction Added to Fee Zp Country 8. Titles concent on year the counter year induction The set induction Added to Fee Zp Country 8. Titles concent on year the counter year induction The set induction on year the counter year induction Added to Fee Suffice A State 9. Rest on the concent on year the counter year induction on the set on the counter year induction The set on the concent year the counter year induction The set on the counter year induction year induction year induction year induction Suffice A State On the counter year induction year induction year induction year induction				05		IN THIS SPACE	
Applier State State State Builts, Ail, #, etc. 20 City & State 5. Certificate of Status Desired 55.00 May the real Paper Zip Country 20 Zip Country 20 2.01 20							
Suite, Ayd, J., etc. Suite, Ayd, J., etc. <td< td=""><td>Principal Place of Business</td><td><u> </u></td><td>iling Address</td><td></td><td></td><td></td><td></td></td<>	Principal Place of Business	<u> </u>	iling Address				
City & S ate City & State State Added to Fees Zip Country Zip Country Rest Funct Country Added to Fees Zip Zip Zip Country Rest Funct Country Added to Fees Sime and Address of Current Registered Agent 18 Name and Address of New Registered Agent 19 MCDONALD, MARSHALL III 28 Street Address of New Registered Agent 10 Reme and Address of New Registered Agent SUITE 611 81 Name Street Address of New Registered Agent 10 Reme and Address of New Registered Agent SUITE 611 83 Street Address (P.O. Box Number Is Not Acceptable) 33 Super Line Information with the object noor Social of 50/ 1506. Florids Stati tes the above named corporation submits the statement for the purposed of charging its registered agent, or maling with address of Social of 30/ 300. Add for sectors 00 / 300. Add for sectors 10 / 300. Add for sectors 10 / 300. Add fo	Suite, Apt. #, etc.	Sui	te, Apt. #, etc.				
28 True Fund Contribution Added to Fees 27 Country 8. This cronation over the current versimilar/bite Person al Propenty Tax. Yes	City & S ate		y & State		6. Election Campaign Financing	\$5.00	
Image: Test Address of Current Registered Agent Permoral Property Tax Image: Test Address of Current Registered Agent McDONALD, MARSHALL III 224 DATURA STREET 20. Ware and Address of New Registered Agent 81 Name WEDONALD, MARSHALL III 224 DATURA STREET 51 Street Ac dress (P.O. Box Number is Not Acceptable) 52 Street Ac dress (P.O. Box Number is Not Acceptable) 9.11 Product to the provision of Science 507 (SS) and 607 1508, Forida Stati test the above-named of orporation submits the statement for the purpose of changing divergetered agent. J bokin the State (FIGA Submit Test Stati test test and of intercors-I nereby accept the exponention's tone of directors-I nereby accept the exponention is diverget are stated agent. J boking test and accept the obligations of. Section 607 0505, Florida Statutes. IDMATUFE Statutes. OFFICERS AND DIRECTORS 13 ADDITI_INSICHANGES TO OFFICERS AND DIRECTORS 0 DeLETE 11 TTLE Change Add NMERTADRISS Statutes. 0 DELETE 11 TTLE Change Add Nortice Statutes. 0 DELETE 11 TTLE Change Add Nortice Statutes. 0 DELETE 11 TTLE Change Add					Trust Fund Contribution	Added to	
							[X No
MCDONALD. MARSHALL III 224 DATURA STREET SUITE 61 82 WEST PALM BEACH FL 33405 64 / 64 City FL 84 City City FL 85 53 86 City 97 State of Poids State		nt Registere			10. Name and Address of New Reg	pistered Agent	
Stypelini, type of printed in or frequenced agen and the frequenced agen and the refrestance) UATE UATE 2. OFFICERS AND DIRECTORS 13. ADDITU INSICHANGES TO OFFICERS AND DIRECTORS IN 12 LE P DELETE 1.1 TITLE IChange Add MRE SIMMONS, GLENN 13. ADDITU INSICHANGES TO OFFICERS Add NST ZP WEST PALM BEACH FL 33405 13. Change Add NF3 ZP DELETE 21. TITLE IChange Add ME DELETE 21. TITLE IChange Add MRE REET ADDRESS				84 City		1851 /00 (Code
ILE P DELETE 1.1 TITLE Change Addi MME SMMONS, GLENN 13 XIREET ADDRESS In XIRLE Addi VEST PALM BEACH FL 33405 14 CITV-5T-2P Change Addi ILE DELETE 21 TITLE Change Addi MRE DELETE 21 TITLE Change Addi MRE DELETE 21 TITLE Change Addi MRE DELETE 23 STREET ADDRESS Change Addi MRE 23 STREET ADDRESS 23 STREET ADDRESS Change Addi MRE 23 STREET ADDRESS 33 STREET ADDRESS Change Addi MRE 23 STREET ADDRESS 33 STREET ADDRESS Change Addi MRE 23 STREET ADDRESS 33 STREET ADDRESS Change Addi MRE 22 MARE 33 STREET ADDRESS Change Addi MRE 22 MARE 33 STREET ADDRESS Change Addi MRE 22 MARE 33 STREET ADDRESS Change Addi MRE Change Change Change Addi <th>office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</th> <th>e († Fiorida, S</th> <th>uch change was au</th> <th>s, the above-named cor thorized by the corporat</th> <th>poration submits this statement for the pu non's board of directors. I hereby accept t</th> <th>FL I</th> <th>eaistered</th>	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	e († Fiorida, S	uch change was au	s, the above-named cor thorized by the corporat	poration submits this statement for the pu non's board of directors. I hereby accept t	FL I	eaistered
4304C WOODSTOCK DR. 13 STREET ADDRESS YY-ST-2P WEST PALM BEACH FL 33405 14 CITY-ST-2P LE DELETE 21 TITLE WE 22 NAVE REET ADDRESS 24 CITY-ST-2P V-ST-2P 24 CITY-ST-2P LE DELETE 21 CITY-ST-2P Change V-ST-2P 24 CITY-ST-2P LE DELETE 31 STREET ADDRESS 33 STREET ADDRESS Y-ST-2P	office (ir registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age	e of Florida. S at ons of, Sec en and title if appli	cable. (NOTE: F	s, the above-named cur thorized by the corporat da Statutes. Registered Agent signature req in	red when reinstalung)	FL prose of changing its he appointment as reg	registered istered
WEST PALM BEACH FL 33405 14 ctrv-st-zp LE DELETE 21 trrLE VE 23 STREET ADDRESS V-ST-ZP	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age OFFICERS At	e of Florida. S at ons of, Sec en and title if appli	cable. (NOT E: F	s, the above-named cor thorized by the corporat da Statutes. Registered Agent signature req in 13.	red when reinstalung)	PL propose of changing its he appointment as reg DATE CERS AND DIRECTO	registered istered
E DELETE 2.1 TITLE Change Addi ME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addi ME 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addi ME 3.3 STREET ADDRESS 3.3 STREET ADDRESS Addi ME 3.3 STREET ADDRESS 3.3 STREET ADDRESS Addi V-ST-ZIP 3.4 CITY-ST-ZIP Change Addi ME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addi KEET ADDRESS 3.4 CITY-ST-ZIP Change Addi Addi KEET ADDRESS 4.4 CITY-ST-ZIP Change Addi Addi KEET ADDRESS 4.4 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addi KEET ADDRESS 4.4 CITY-ST-ZIP Change Addi Addi K.51-ZIP Change Addi KEET ADDRESS 4.4 CITY-ST-ZIP STREET ADDRESS 4.4 CITY-ST-ZIP Change Addi KEET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addi KEET ADDRESS 5.3 STREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed ni me of registered age OFFICERS Af AE SIMMONS, GLENN	e of Florida. S at ons of, Sec en and title if appli	cable. (NOT E: F	s, the above-named con thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 1.2 NAME	red when reinstalung)	PL propose of changing its he appointment as reg DATE CERS AND DIRECTO	egistered istered S IN 12
Addition 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP LE DELETE 33 STREET ADDRESS Y-ST-ZIP LE DELETE 34 CITY-ST-ZIP Change Addit Y-ST-ZIP 24 CITY-ST-ZIP LE DELETE 34 CITY-ST-ZIP Change LE DELETE 44 CITY-ST-ZIP LE DELETE 43 STREET ADDRESS Y-ST-ZIP LE V-ST-ZIP LE DELETE 51 TITLE Change Addity-ST-ZIP LE V-ST-ZIP LE S1 STREET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE 51 TITLE S1 STREET ADDRESS Y-ST-ZIP LE DELETE 51 STREET ADDRESS Y-ST-ZIP LE DELETE 51 STREET ADDRESS Y-ST-ZIP LE <t< td=""><td>office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age OFFICERS Af EE WE REETADDR:SS 4304C WOODSTOCK DR.</td><td>and title if applied of the second seco</td><td>cable. (NOT E: F</td><td>s, the above-named con thorized by the corporat da Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS</td><td>red when reinstalung)</td><td>PL propose of changing its he appointment as reg DATE CERS AND DIRECTO</td><td>egistered istered S IN 12</td></t<>	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age OFFICERS Af EE WE REETADDR:SS 4304C WOODSTOCK DR.	and title if applied of the second seco	cable. (NOT E: F	s, the above-named con thorized by the corporat da Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstalung)	PL propose of changing its he appointment as reg DATE CERS AND DIRECTO	egistered istered S IN 12
ACTIV-ST-ZIP 2.4 CTV-ST-ZIP LE DELETE ME 32 NAME Street ADDRESS 33 STREET ADDRESS Y-ST-ZIP 34. CTV-ST-ZIP LE DELETE ME 33 STREET ADDRESS Y-ST-ZIP 34. CTV-ST-ZIP LE DELETE ME 42 NAME WE 42 NAME VET ADDRESS 43 STREET ADDRESS Y-ST-ZIP 44 CTV-ST-ZIP VE 43 STREET ADDRESS Y-ST-ZIP 14 CTV-ST-ZIP LE DELETE STREET ADDRESS 13 STREET ADDRESS Y-ST-ZIP 14 CTV-ST-ZIP LE DELETE STREET ADDRESS 13 STREET ADDRESS Y-ST-ZIP 14 CTV-ST-ZIP ME 53 STREET ADDRESS Y-ST-ZIP 54 CTV-ST-ZIP LE DELETE STREET ADDRESS 42 CTV-ST-ZIP LE DELETE 61 TTLE LE DELETE 61 TTLE KEET ADDRESS 64 CTV-ST-ZIP KEET ADDRESS 64 CTV-ST-ZIP <td>office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age DFFICERS Af LE P SIMMONS, GLENN 4304C WOODSTOCK DR. Y-ST-ZIP WEST PALM BEACH FL 33405</td> <td>and title if applied of the second seco</td> <td>uch change was au tion 607.0505, Florid cable. (NOTE: F RS</td> <td>s, the above-named control of the corporation of th</td> <td>red when reinstalung)</td> <td>PL rpose of changing its he appointment as reg OATE CERS AND DIRECTO Change</td> <td>egistered istered S IN 12</td>	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age DFFICERS Af LE P SIMMONS, GLENN 4304C WOODSTOCK DR. Y-ST-ZIP WEST PALM BEACH FL 33405	and title if applied of the second seco	uch change was au tion 607.0505, Florid cable. (NOTE: F RS	s, the above-named control of the corporation of th	red when reinstalung)	PL rpose of changing its he appointment as reg OATE CERS AND DIRECTO Change	egistered istered S IN 12
LE 0.1 mL 32 NAME 32 NAME 33 STREET ADDRESS Y-ST-ZIP 34. CITY-ST-ZIP LE 0.2 LETE ME 4. CITY-ST-ZIP ME 4. STREET ADDRESS Y-ST-ZIP 0.4 CITY-ST-ZIP ME 4. STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE 0.5 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE 0.5 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE 0.5 STREET ADDRESS Y-ST-ZIP 5.4 CITY-ST-ZIP LE 0.5 STREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age UNE OFFICERS AT DEE ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33400 LE ME	and title if applied of the second seco	uch change was au tion 607.0505, Florid cable. (NOTE: F RS	s, the above-named control control control control control a Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	red when reinstalung)	PL rpose of changing its he appointment as reg OATE CERS AND DIRECTO Change	RS IN 12
SEET ADDR :SS 3.3 STREET ADDRESS Y-ST-ZIP 3.4 CITY-ST-ZIP AE 4.1 TITLE AE 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP AE 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE DELETE STREET ADDRESS 4.4 CITY-ST-ZIP LE DELETE STREET ADDRESS 5.3 STREET ADDRESS V-ST-ZIP 5.1 TITLE LE DELETE STREET ADDRESS 5.3 STREET ADDRESS V-ST-ZIP Change ACITY-ST-ZIP Change ACITY-ST-ZIP Change ACITY-ST-ZIP Change ACITY-ST-ZIP Change ACITY-ST-ZIP Change V-ST-ZIP DELETE S-S STREET ADDRESS 5.3 STREET ADDRESS S-S ZIP DELETE LE DELETE S-S STREET ADDRESS 6.3 STREET ADDRESS S-S STREET ADDRESS 6.3 STREET ADDRESS Y-ST-ZIP Change LE DELETE S-S TREET ADDRESS	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed re me of registered age OFFICERS AT E.E. P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE ME REET ADDR :SS	and title if applied of the second seco	Uch change was au tion 607.0505, Florid cable. (NOT E: F DRS DELETE	s, the above-named control of the corporation of th	red when reinstalung)	FL inpose of changing its he appointment as regonate DATE CERS AND DIRECTO Change	egistered istered RS IN 12 Addition
E DELETE 4.1 TITLE Change Addi #E 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP #E DELETE 5.1 TITLE Change Addi #E DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addi #E DELETE 6.1 TITLE Change Addi #E DELETE 6.1 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addi #EF ADDFESS 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addi #EF ADDFESS 6.4 CITY-ST-ZIP Change Addi Met	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed re me of registered age OFFICERS AT E.E. P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE ME KEET ADDR:SS Y-ST-ZIP LE	and title if applied of the second seco	Uch change was au tion 607.0505, Florid cable. (NOT E: F DRS DELETE	s, the above-named control to rized by the corporated a Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstalung)	FL inpose of changing its he appointment as regonate DATE CERS AND DIRECTO Change	RS IN 12
AE 4.2 NAME AE 4.2 NAME AEET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP LE DELETE S1 TITLE Change Addit S2 NAME S2 NAME S2 NAME S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE DELETE S1 STREET ADDRESS S4 CITY-ST-ZIP LE DELETE DELETE 6.1 TITLE S2 NAME S2 NAME S2 NAME S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE 6.3 STREET ADDRESS S4 CITY-ST-ZIP N Here by certify that the inform ation supplied with this filling does not qualify for the exemption stated in Section 119.(-7(3)(i)), Florida Statutes. I further certify that the information indice ted on this annual report or supplemental annual report signed and accurate and that my signe ture shall have the same legal effect as i	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed re me of registered age OFFICERS AT E.E. P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE ME KEET ADDR :SS Y-ST-ZIP LE ME	and title if applied of the second seco	Uch change was au tion 607.0505, Florid cable. (NOT E: F DRS DELETE	s, the above-named cort thorized by the corporat da Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	red when reinstalung)	FL inpose of changing its he appointment as regonate DATE CERS AND DIRECTO Change	egistered istered RS IN 12 Addition
Y-ST-ZIP 44 CITY-ST-ZIP LE DELETE S1 TITLE Change Addi WE S2 NAME S3 STREET ADDRESS Y-ST-ZIP LE DELETE 64 CITY-ST-ZIP LE DELETE 61 TITLE Change Addi WE S3 STREET ADDRESS Y-ST-ZIP 54 CITY-ST-ZIP LE DELETE ME 62 NAME 63 STREET ADDRESS Y-ST-ZIP 64 CITY-ST-ZIP ILE 63 STREET ADDRESS Y-ST-ZIP 64 CITY-ST-ZIP ILE 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP ILE 64 CITY-ST-ZIP ILE 64 CITY-ST-ZIP ILE 64 CITY-ST-ZIP ILE <td< td=""><td>office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS Af LE P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE WE REET ADDR :SS Y-ST-ZIP LE ME REET ADDR :SS Y-ST-ZIP</td><td>and title if applied of the second seco</td><td>UCH Change was au tion 607.0505, Florid cable. (NOT ET DRS DELETE</td><td>s, the above-named corthorized by the corporated a Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP</td><td>red when reinstalung)</td><td>FL impose of changing its impose of changing its impose of changing its DATE DATE DERS AND DIRECTO Change Change</td><td>egistered istered RS IN 12 Addition</td></td<>	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS Af LE P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE WE REET ADDR :SS Y-ST-ZIP LE ME REET ADDR :SS Y-ST-ZIP	and title if applied of the second seco	UCH Change was au tion 607.0505, Florid cable. (NOT ET DRS DELETE	s, the above-named corthorized by the corporated a Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	red when reinstalung)	FL impose of changing its impose of changing its impose of changing its DATE DATE DERS AND DIRECTO Change Change	egistered istered RS IN 12 Addition
LE DELETE 5.1 TITLE Change Addi WE 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addi V.ST-ZIP DELETE 6.1 TITLE Change Addi LE DELETE 6.1 TITLE Change Addi WE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP WE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addi N. I here by certify that the inform ation 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 indice ted on this annual report or supplemental annual report is you and ac curate and that my sign: ture shall have the same legal effect as if made under oath; that I am an office: or director of the corrouting or or turse end downeed to execute this report of Statute 607, Florida Statutes; and that my name app sars in	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS AT LE P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE WE REET ADDR :SS Y-ST-ZIP LE ME REET ADDR :SS Y-ST-ZIP LE	and title if applied of the second seco	UCH Change was au tion 607.0505, Florid cable. (NOT ET DRS DELETE	s, the above-named control of thorized by the corporation da Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	red when reinstalung)	FL impose of changing its impose of changing its impose of changing its DATE DATE DERS AND DIRECTO Change Change	egistered istered RS IN 12 Addition
WE 52 NAME SEET ADDRESS 53 STREET ADDRESS Y-ST-ZIP 54 CITY-ST-ZIP LE DELETE 6.1 TITLE Change ME 6.2 NAME 6.3 STREET ADDRESS Y-ST-ZIP 6.3 STREET ADDRESS WE 6.3 STREET ADDRESS Y-ST-ZIP 6.4 CITY-ST-ZIP Image: Street ADDRESS 6.4 CITY-ST-ZIP Image: Street ADDRESS <td< td=""><td>office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS Af E.E. P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE ME KEET ADDR :SS Y-ST-ZIP LE ME KEET ADDR :SS Y-ST-ZIP LE ME</td><td>and title if applied of the second seco</td><td>UCH Change was au tion 607.0505, Florid cable. (NO E: F DRS DELETE</td><td>s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME</td><td>red when reinstalung)</td><td>FL impose of changing its impose of changing its impose of changing its DATE DATE DERS AND DIRECTO Change Change</td><td>egistered istered RS IN 12 Addition</td></td<>	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS Af E.E. P ME SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 LE ME KEET ADDR :SS Y-ST-ZIP LE ME KEET ADDR :SS Y-ST-ZIP LE ME	and title if applied of the second seco	UCH Change was au tion 607.0505, Florid cable. (NO E: F DRS DELETE	s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	red when reinstalung)	FL impose of changing its impose of changing its impose of changing its DATE DATE DERS AND DIRECTO Change Change	egistered istered RS IN 12 Addition
Start ADDRESS 54 CITY-ST-ZIP LE DELETE LE DELETE 6.1 TITLE Change ME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP . I here by 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 indice ted on this annual report is you and accurate and that my sign: ture shall have the same legal effect as if made under oath; that I am an office or of the corror attinue or of the corror attinue or of the corror attinue end ware the exemption stated to execute this report as required by Chapter 607, Florida Statutes; and that my name app ars in	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS Af E RE SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33405 F.ST.2IP E RE REET ADDR :SS Y-ST.2IP E RE REET ADDR :SS Y-ST.2IP	and title if apply		s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstalung)	FL urpose of changing its he appointment as reg DATE CERS AND DIRECTO Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition
E E DELETE DELET	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs SINATUF:E Signature, typed or printed meme of registered age OFFICERS AT E E E EETADDR:SS C-ST-ZIP E E EETADDR:SS C-ST-ZIP E E EETADDR:SS C-ST-ZIP E E EETADDR:SS C-ST-ZIP E E E	and title if apply		s, the above-named corthorized by the corporation da Statutes. Registered Agent signature req in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	red when reinstalung)	FL urpose of changing its he appointment as reg DATE CERS AND DIRECTO Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition Addition
EET ADDI-ESS EET ADDI-ESS (-ST-ZIP - I here by 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 indice ted on this annual report or supplemental annual report is the and ac curate and that my signs ture shall have the same legal effect as if made under oath; that I am an office- or director of the corroration or the receiver or trustee endowment to execute this report as required by Chapter 607, Florida Statutes; and that my name app aris in	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs SNATUFIE Signature, typed or printed no me of registered age OFFICERS AT E P SIMMONS, GLENN 4304C WOODSTOCK DR. WEST PALM BEACH FL 33400 E E E E E E E E E E E E E E E E E E	and title if apply		s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	red when reinstalung)	FL urpose of changing its he appointment as reg DATE CERS AND DIRECTO Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition Addition
64 CITY-ST-ZIP Y-ST-ZIP A Der by 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 the 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 composition or the receiver or trustee endowmend to execute this report as required by Chapter 607, Florida Statutes; and that my name apparars in	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rule of registered age OFFICERS AT A RE REET ADDR:SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP E RE REET ADDR :SS Y-ST-ZIP	and title if apply	UCH CHARGE WAS AUT	s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	red when reinstalung)	FL urpose of changing its inpose of changing its change DATE CERS AND DIRECTO Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition Addition
1-31-20 I. I here by 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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office, or director of the comportion of the receiver or trustee endlowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apparts in office.	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed no me of registered age OFFICERS AT EE ME REET ADDR:SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE	and title if apply	UCH CHARGE WAS AUT	s, the above-named corn thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME	red when reinstalung)	FL urpose of changing its inpose of changing its change DATE CERS AND DIRECTO Change Change Change Change Change Change Change	egistered istered IRS IN 12 Addition
office or director of the corporation of the receiver of trustee endowered to execute this report as equifed by chapter of , Florida Statutes, and that my have approxim	office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga GNATUF:E Signature, typed or printed in me of registered age U OFFICERS AT EE ME REET ADDR:SS Y-ST-ZIP LE ME REET ADDR SS Y-ST-ZIP LE ME REET ADDR SS	and title if apply	UCH CHARGE WAS AUT	s, the above-named corn thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	red when reinstalung)	FL urpose of changing its inpose of changing its change DATE CERS AND DIRECTO Change Change Change Change Change Change Change	egistered istered IRS IN 12 Addition
Block 12 or Block 13 if changed, or on an area sharinment with an agrees, with all other like empowerer.	office or registered agent, or both, in the State agent. I am familiar with, and accept the obligs GNATUF:E Signature, typed or printed rome of registered age OFFICERS AT EE WE SIGNATUR:SS Y-ST-ZIP LE WE REET ADDR :SS Y-ST-ZIP LE WE REET ADDR :SS Y-ST-ZIP LE	v th this filling	Uch change was au tion 607.0505, Florid cable. (NOTE: PRS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporat da Statutes. Registered Agent signature req it 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Section 119.07(3)((), Florida Statutes, I fr	FL impose of changing its he appointment as regonated as regonas regonated as regonated as regonated as regon	egistered istered RS IN 12 Addition Addition Addition