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

CORPORATION ANNUAL REPORT



## Sandra B. Mortham

## **PROFIT** FLORIDA DEPARTMENT OF STATE

**FILED** Apr 10 1998 8:00am f Ctate

| City & State     28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | 1998                                        | (O. 77                                                                        | CORPORATIONS                                | Secreta                                     | ry or State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DOCUI<br>1. Corporation                   | MENT # P960                                 | 000018675 (4)                                                                 |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Principal Place of Elevaness    | CHANIX                                    | (, INC.                                     | •                                                                             |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Principal Place of Elevaness    |                                           |                                             |                                                                               |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PO BOX 1309   SAN ANTONO FL 33576   SAN ANTONO FL 33776   SAN AN   | Principal Place                           | e of Business                               | Mailing Address                                                               |                                             |                                             | <b>Juan</b> 1440 1 1040 0 1141 1000 1 1611 1611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SAM ANTONIO FL 33578   SAM ANTONIO FL 33578   DO NOT WRETE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                             | -                                                                             |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Date Recognized of Qualified  2. Principal Place of Business  2. Mailing Acticss  3. Date Recognized  4. FLI Number  5. Suite, Apt #, etc.  2. Suite, Apt #, etc.  2. Suite, Apt #, etc.  2. City & State  City & State  2. Country  2. Principal Place of Business  2. City & State  2. City & State  2. City & State  2. Country  2. Date of Country  | SAN ANTONIO FL 33576 SAN ANTONIO FL 33576 |                                             |                                                                               |                                             | DO NOT WRITE II                             | N THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2. Principal Place of Business   22. Mailting Address   4. FILM milbor   59-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-3863594   50-38635   | US                                        |                                             | 08                                                                            |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Solid, Apt #, etc   Suite, Apt #, etc   Suit   |                                           |                                             |                                                                               |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Suite, Apt M, otc.    Suite, Apt M, etc.   Suite, A |                                           | lace of Business                            | F1                                                                            |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City & State   City & State   City & State   City & State   28   City & State     |                                           | #, etc.                                     |                                                                               |                                             |                                             | CQ 75 Additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22                                        |                                             | 27                                                                            |                                             | 5. Certificate of Status Desired            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Zep   Country   Zep   28   29   30   Personal Property Pack doctor, Jun 20   Yes   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | h                                         | 0                                           | k                                                                             |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           | Country                                     |                                                                               | Country                                     | · ··                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WOOLFORK, NORRIS D III 425 W COLONIAL DRIVE, SUITE 103 ORLANDO FL 32804  83  84  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  85  Since Address (P.O. Box Number is Not Acceptable)  87  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City SIN II INTONIO FL 85  Since Address (P.O. Box Number is Not Acceptable)  88  City Since Address (P.O. Box Number is Not Acceptable)  89  City Sin II Into II Intonio FL 85  Since Address (P.O. Box Number is Not Acceptable)  80  Since Address (P.O. Box Number is Not Acceptable)  80  Since Address (P.O. Box Number is Not Acceptable)  81  Since Address (P.O. Box Number is Not Acceptable)  82  Since Address (P.O. Box Number is Not Acceptable)  83  Since Address (P.O. Box Number is Not Acceptable)  84  City Since Address (P.O. Box Number is Not Acceptable)  85  Since Address (P.O. Box Number is Not Acceptable)  86  Since Address (P.O. Box Number is Not Acceptable)  87  Since Address (P.O. Box Number is Not Acceptable)  87  Since Address (P.O. Box Number is Not Acceptable)  85  Since Address (P.O. Box Number is Not Acceptable)  86  Since Address (P.O. Box Numbe | 24                                        |                                             |                                                                               | 30                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WOULDNER, NORTHS I SITE 103 ORLANDO FL 32804  82 Street Address (F.O. Box Number is Not Acceptable) 83 Street Address (F.O. Box Number is Not Acceptable) 84 City SIN II NITONIO FL 85 Zip Code 33.576  85 City SIN II NITONIO FL 85 Zip Code 33.576  86 City SIN II NITONIO FL 86 Zip Code 33.576  87 Size Address (F.O. Box Number is Not Acceptable) 88 City SIN II NITONIO FL 86 Zip Code 33.576  89 City SIN II NITONIO FL 86 Zip Code 33.576  80 City SIN II NITONIO FL 86 Zip Code 33.576  81 City SIN II NITONIO FL 86 Zip Code 33.576  82 Street Address (F.O. Box Number is Not Acceptable) 83 Size Address (F.O. Box Number is Not Acceptable) 84 City SIN II NITONIO FL 85 Zip Code 33.576  85 Zip Code 33.576  86 Zip Code 33.576  87 Size Address (F.O. Box Number is Not Acceptable) 87 City SIN II NITONIO FL 86 Zip Code 33.576  87 Size Address (F.O. Box Number is Not Acceptable) 88 City SIN II NITONIO FL 86 Zip Code 33.576  88 City SIN II NITONIO FL 86 Zip Code 33.576  88 City SIN II NITONIO FL 86 Zip Code 33.576  89 City SIN II NITONIO FL 87 II NITONIO FL 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                             | orrent Hegistered Agent                                                       | 81 Name                                     |                                             | stered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11. Pursuant to the provisions of Sections 607 05:02 and 607 15:06, florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office of registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered of the state of the state of Horida Statutes.    SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                             |                                                                               | <del>,</del>                                |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B3   B4   City   SIN INTONIO   FL   B5   Zip Code   City   Sin Intonion   Sin Intonio   |                                           |                                             | IE 103                                                                        |                                             |                                             | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, florids Static hange was authorized by flic corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes    SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>5</b> ,                                |                                             |                                                                               |                                             | • • • • • • • • • • • • • • • • • • • •     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508, florids Static hange was authorized by flic corporation's board of directors. I hereby accept the appointment as registered office or registered agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes    SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                             |                                                                               | 84 City                                     | AL PATALLO                                  | <b>85</b> Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SIGNATURE   Chieff   Signature type of protect agreet and this it appels at \$1.0   INTILE    | 11 Pursuant                               | to the provisions of Sections 60            | 07.0502 and 607.1508. Florida Statut                                          | es the above named cor                      | poration submits this statement for the pur | pose of changing its registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNATURE   Chieff   Signature type of protect agreet and this it appels at \$1.0   INTILE    | office or re                              | egistered agent, or both, in the            | State of Florida, Such change was a obligations of Section 607,0505, Florida. | authorized by the corpora<br>orida Statutes | ition's board of directors. I hereby accept | the appointment as registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12. OFFICERS AND DIRECTORS   1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | Chetan. C. la                               | fel·                                                                          |                                             | •                                           | 3/20/98                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Signature, typed or printed name of ruge to | ered agent and title if applicable. (NO)                                      |                                             |                                             | CATE Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NAME   PATEL, CHETANC   32745 SR 52   13 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                             |                                                                               |                                             | ADDITIONS/CHANGES TO OFFICE                 | The state of the s |
| STREET ADDRESS   SAN ANTONIO FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | •                                           |                                                                               |                                             |                                             | El o mage El moorten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CHY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                             |                                                                               | <b>I</b> :                                  |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City-St-ZiP                               |                                             |                                                                               | 1.4 C/TY - ST - 7/P                         |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STREET ADDRESS   2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TITLE                                     |                                             | Dottete                                                                       | 2.1 TITLE                                   |                                             | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Clary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                                      |                                             |                                                                               | 2.2 NAME                                    |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DELETE   DELETE   31 ITLE     Change   Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                             |                                                                               |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                             | Diste                                                                         |                                             |                                             | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CHY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                             |                                                                               |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STREET ADDRESS   STRE   |                                           |                                             |                                                                               | 4                                           |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TITLE         DELFTE         4.1 INTE         Change         Addition           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 HTLE           NAME         5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                             |                                                                               |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Add-tion           NAME         5.2 NAME         Add-tion         Add-tion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                             | ☐ DELFTE                                                                      |                                             |                                             | Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME                                      |                                             |                                                                               | 4. 2 NAME                                   |                                             | Ĭ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                            |                                             |                                                                               | 4.3 STREET ADDRESS                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME 52 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                             | Taxas                                                                         |                                             |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                             | L'1 DETETE                                                                    | 1                                           |                                             | Unange Addition {                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CIDECT ADDRECS 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME<br>Street address                    |                                             |                                                                               | 5.2 NAME<br>5.3 STREET ADDRESS              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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.

61 THLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

DELFTE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Change

Addition