COR ANNU	Profit Poration IAL Report 1998			Sandra Secret	ARTMENT OF ST B. Mortham tary of State CORPORATION		May Sec	13		8 8:	00ai tate
1. Corporation AIMEE Principal Place 9738 NW 14	COHEN, INC		Ma	alling Address 9738 NW 14 STREET CORAL SPRINGS FL	• 						
							DO N 3. Date incorporated or		E IN THIS S	SPACE	
							02/29/1996	Quaimeu			
2. Principal Pla	ace of Business		20.	Mailing Address			4. FEI Number	· · ·	· · · ·	A	pplied For
1 Suite, Apt. (i etc		26	Suite, Apt. #, etc.			65-0739909				lot Applicabl
2	, 800		27	Suns, MA. #, 80.			5. Certificate of Status I	Desired			Additional lequired
City & State			28	City & State			6. Election Campaign F Trust Fund Contributi	Adde		O May Be of to Fees	
Zip	25	buntry	29	Ζφ	Country		8. This corporation owe Personal Property Ta				ntangible
	and the second	ddress of Current		tered Agent			10. Name and Address			-	
	ohen, Aimee				81	Name					
67	'90 MM/ 44 CTDC	ICT									
	38 NW 14 STRE				82	Street Addr	ress (P.O. Box Number is No	t Accepta	ble)		
	ORAL SPRINGS				82 83	Street Addr	ress (P.O. Box Number is No	t Acceptal	ble)		
					83		ress (P.O. Box Number is No	et Acceptal	ble)	es 7in	Code
C	oral springs	FL 33071	and 6	07.1508, Florida State da. Such change was I. Section 607.0505. F	83	City	· · · · · · · · · · · · · · · · · · ·		FL		Code Its registered s registered
C(11. Pursuant to office or ro agent. Lan SIGNATURE	ORAL SPRINGS o the provisions of gistered agent, or n familiar with, and	FL 33071	acid tiliu	ul applicable (NC	83	City -named corp the corporat	poration submits this stateme tion's board of directors. I he	ent for the preby acce	FL purpose of pt the app DATE	changing ointment a	its registered s registered
C(11. Pursuant to office or ro agent. Lan SIGNATURE	DRAL SPRINGS o the provisions of opistored agent, or n familiar with, and Storatore, typed or printer	FL 33071 Sections 607 0502 both, in the State of accept the obligat share of regularing agent OFF ICE RS AND	acid tiliu	ul applicable (NC	83 84 utes, the above- s authorized by 1 forida Statutes.	City -named corp the corporat	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	changing ointment a	its registered s registered
C(11. Pursuant to office or ro agent. I an SIGNATURE 12. IIILE VMME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Signatore, typed or prete- D COHEN, AIN	FL 33071 Sections 607 0502 both, in the State of a accept the obligat thans of regularist agent OFFICE RS AND IEE	acid tiliu	ul applicable (NC CTORS	83 84 authorized by t Florida Statutes. DTE Registered Agent 13. 1.1 TIBLE 1.2 NAME	City -named corr the corporat	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	changing ointment a	its registered s registered RS IN 12
CC 11. Pursuant to office or ro agent. I an SIGNATURE 12. 11. SIGNATURE E SIGNATURE SIGNATUR	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	ul applicable (NC CTORS	83 84 bites, the above- s authorized by t Florida Statutes. DTE Registered Agent 13. 1.1 TIBLE 1.2 NAME 1.3 STREET A	City -named corr the corporat signature requir	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	changing ointment a	its registered s registered RS IN 12
CC 11. Pursuant to office or ro agent. I an SIGNATURE E III. E SIGNATURE E SIGNATURE E SIGNATURE E E SIGNATURE E E SIGNATURE E E E E E E E E E E E E E	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of a accept the obligat thans of regularist agent OFFICE RS AND IEE	acid tiliu	ul applicable (NC CTORS	83 84 authorized by t Florida Statutes. DTE Registered Agent 13. 1.1 TIBLE 1.2 NAME	City -named corr the corporat signature requir	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	changing ointment a	its registered s registered RS IN 12
CC 11. Pursuant to office or ro agent. Lan SIGNATURE 12. 11. SIGNATURE E STREET ADDRESS SITY-SI-ZIP ITLE	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	ni agginicadale (NC 21ORS DELETE	83 84 butes, the above- s authorized by t lorida Statutes. DTE Registered Agent 13. 1.1 TIHLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	City -named corr the corporat signature requir	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	DIRECTO	its registered s registered RS IN 12
CC 11. Pursuant to office or ro agent. I an SIGNATURE 12. 11. SIGNATURE E E E E E E E E E E E E E	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	ni agginicadale (NC 21ORS DELETE	83 84 bites, the above- s authorized by t forida Statutes. DTE Registered Agent 13. 1.1 TIRLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TIFLE	City -named corr the corporat signature requir t signature requir NODRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	DIRECTO	its registered s registered RS IN 12
CC 11. Pursuant to office or ro agent. 1 an SIGNATURE 12. 11. STREET ADDRESS CITY-S1-ZIP ITLE STREET ADDRESS CITY-S1-ZIP	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC CTORS DELETE	83 84 04 0000000000000000000000000000000	City named corr the corporat signature requir NODRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change DIRECTO Change	Its registered
CC 11. Pursuant to office or ro- agent. I an SIGNATURE 12. 11. STREET ADDRESS CITY-SI-ZIP INTLE WAME STREET ADDRESS CITY-ST-ZIP INTLE	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	ni agginicadale (NC 21ORS DELETE	B3 B4 B4 B4 B4 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7	City named corr the corporat signature requir NODRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	DIRECTO	its registered s registered RS IN 12
CC 11. Pursuant to office or re- agent. I an SIGNATURE 12. 11. STREET ADDRESS CITY-SI-ZIP ITLE VAME STREET ADDRESS CITY-ST-ZIP ITLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC CTORS DELETE	83 84 1000000000000000000000000000000000000	City -named corr the corporat signature requir NODRESS -ZIP NDDRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC CTORS DELETE	B3 B4 B4 B4 B4 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7 B7	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change DIRECTO Change	Its registered
CC 11. Pursuant to office or ro agent. I an SIGNATURE 12. 11. SIGNATURE STREET ADDRESS CITY-SI-ZIP IITLE VAME STREET ADDRESS CITY-SI-ZIP IITLE VAME STREET ADDRESS CITY-SI-ZIP	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC CTORS DELETE	83 84 butes, the above- s authorized by to lorida Statutes. 11 12 13 1.1 1.2 1.3 1.4 1.7 2.1 1.1 1.2 1.3 1.4 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 3.1 1.1 1.1 1.1 1.1 1.1 1.1 1.2 NAME 3.3 3.3 1.1 <td< td=""><td>City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS</td><td>poration submits this stateme tion's board of directors. I he red when reinstating)</td><td>ent for the preby acce</td><td>FL purpose of pt the app DATE</td><td>Change DIRECTO Change</td><td>Its registered</td></td<>	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 12. 11. 14. 14. 14. 14. 14. 14. 14	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC 21ORS DELETE DELETE DELETE	83 84 Utes, the above- s authorized by t Torida Statutes. 13. 1.1 TIRE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TIRE 2.3 STREET A 2.4 CITY-ST 3.1 TIRE 3.2 ADIT-ST 3.1 TIRE 3.2 ADIT-ST 3.1 TIRE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment as DIRECTO Change Change Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC 21ORS DELETE DELETE DELETE	83 84 butes, the above- s authorized by 1 lorida Statutes. 11 THE 1.1 THE 1.2 NAME 1.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -DDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment as DIRECTO Change Change Change	Its registered
CC 11. Pursuant to office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine attic (NC CTORS DELETE DELETE DELETE DELETE	83 84 Utes, the above-s authorized by to floridal statutes. Toridal Statutes. 13. 1.1 TIRE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 ADRE 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 ADRE 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 STREET A	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -DDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment at DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine able (NC 21ORS DELETE DELETE DELETE	83 84 butes, the above- s authorized by 1 lorida Statutes. 11 THE 1.1 THE 1.2 NAME 1.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	City -named corr the corporat ADDRESS -ZIP -ZIP ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -DDRESS	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment as DIRECTO Change Change Change	Its registered
CC 11. Pursuant to office or re agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP ITTLE STREET ADDRESS CITY-SI-ZIP ITTLE VAME STREET ADDRESS CITY-SI-ZIP ITTLE VAME STREET ADDRESS CITY-SI-ZIP ITTLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine attic (NC CTORS DELETE DELETE DELETE DELETE	83 84 Utes, the above-s authorized by to forma statutes. Torida Statutes. 13. 1.1 TIRE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 ACITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 STREET AI 3.4 CITY-ST 5.1 TITLE	City -named corr the corporat ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP -ZIP -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment at DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP ITLE STREET ADDRESS CITY-SI-ZIP ITLE STREET ADDRESS CITY-SI-ZIP ITLE STREET ADDRESS CITY-SI-ZIP ITLE STREET ADDRESS CITY-SI-ZIP ITLE VAME STREET ADDRESS CITY-SI-ZIP ITLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	I egymentic (NC CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 butes, the above- s authorized by 1 lorida Statutes. 11 THE 1.1 THE 1.2 NAME 1.3 STREET A 1.4 CHY-ST- 21 THE 2.3 STREET A 2.4 CHY-ST- 3.1 THE 3.2 NAME 3.3 STREET A 3.4 CHY-ST- 4.1 THE 4.2 NAME 3.3 STREET A 3.4 CHY-ST- 5.1 THE 5.2 NAME	City -named corr the corporat ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment at DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	II aggine attic (NC CTORS DELETE DELETE DELETE DELETE	83 84 Utes, the above-s authorized by to florida Statutes. Torida Statutes. 13. 1.1 TIHE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 ACITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET AI 3.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET AI 5.3 STREET AI 5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE	City -named corr the corporat ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Changing ointment at DIRECTO Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	I egymentic (NC CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 Utes, the above- s authorized by to lorida Statutes. 10rida Statutes. 13. 1.1 TIHE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 21 TIHE 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 ADAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET AI 3.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET AI 5.3 STREET AI 5.3 STREET AI 5.4 CITY-ST 6.1 TITLE 6.2 NAME	City -named corr the corporat ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP - ZIP - ZIP - ZIP - ZIP - ZIP - ZIP - ZIP - ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change	Its registered
CC 11. Pursuant to office or re agont. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	DRAL SPRINGS o the provisions of gistored agent, or n familiar with, and Storatore, typed or printe D COHEN, AIN 9738 NW 14	FL 33071 Sections 607 0502 both, in the State of accept the obligat thank of regularity agent OFFICE RS AND IEE STREET	acid tiliu	I egymentic (NC CTORS DELETE DELETE DELETE DELETE DELETE DELETE	83 84 Utes, the above-s authorized by to florida Statutes. Torida Statutes. 13. 1.1 TIHE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 ACITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET AI 3.4 CITY-ST 4.1 TITLE 4.2 NAME 3.3 STREET AI 3.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET AI 5.3 STREET AI 5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE	City -named corr the corporat ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP	poration submits this stateme tion's board of directors. I he red when reinstating)	ent for the preby acce	FL purpose of pt the app DATE	Change	Its registered

a di sayannagén a

4. . .

e - 1 - 1