KLAND PARK FL 3334 OAKLAND PARK FL 3334-3801 In Date Incorporated or Cualified Image: Country State Act, etc. 28 City & State 20 City & State 20 State Act, etc. 20 City & State 20 State Act, etc. 20 City & State 20 City & State 20 Country 20 State Act, etc. 20 Country 20 State Act, etc. 20 State Act, etc. 20 Country 20 Country 20 State Act, etc. 20 Name and Address of Country Brained Agent State Act, etc. 20 OAKLAND PARK FL 33334 Bay Spece Address (P O. Box Number Is Not Acceptable) Coty 20 Coty 20 Coty 20		LE NOW: FILIN	G FEE AFTEI	R MAY 1 IS S	550.00	•	FILED	.00
OCUMENT # P96000026706 (7) MR: FORKLET, INC. Operation Name MR: FORKLET, INC. Operation Name MR: FORKLET, INC.	COF ANNL	RPORATION JAL REPORT		Sandra B. Secretar	. Mortham y of State	-		
Price of Debress Maing Address Child Str. N.E. OTH ARE BAY 13 CANAD PARK FL 3334 Str. Disk Incorporation of Counting The State of Park FL 3334-301 Str. Disk Incorporation of Dusiness 24 Maing Address Child Park FL 3334 Str. Disk Incorporation of Dusiness 24 Maing Address Child Park FL 3334-301 Str. Appl. 4 (db) 25 5 Control of Dusines 28 Child Address of Dusiness 27 27 28 Control of Dusines 28 Child Address of Dusiness 28 Address of Dusiness 28 Control of Dusines 28 Child Address of Dusiness 29 20 Country 38.00 Election Company Flavoring 38.00 Child Address of Dusiness 29 20 Country 10 Address of Dusines 27.00 VLLAMA, WENDY 29 20 Country 10 Rame and Address of Country of Park Address of Dusines 27.00 27.00 Country 10 Address of Dusines 27.00 27.00 27.00 27.00 27.00 27.00 27.00 27.00	Corporation	MENT # P9	6000026	5706 (7)				
Proceed Funce of Business 2a. Maining Address Proceed Funce of Business	, 531 n.e. 101/ Ay 19	H AVE.	4531 BAY	N.E. 10TH AVE.	-3901			
Suit-A.P. etc. Image: Suit-A.P. etc. Image: Suit-A.P. etc. Suit-A.P. etc. Suit-A.P. etc. Face Required Face Required City & Status City & Status City & Status City & Status Image: Suit-A.P. etc. Face Required Face Required City & Status 20 Country 2. The control integration of the Registered Agent Image: Suit-A.P. etc. Added to Face VILLAMIA, WENDY 20 30 Country Image: Suit-A.P. etc. Image: Suit-						03/26/1996	n/a	Heport
BAY 2.5 The BAY 2.5 Country Country Fee Required Fee Required City & State City & State City & State	Principal P	lace of Business		failing Address		4) FEI Number 65-067152	.0	-h <u>}</u>
City & Statu City & State City & State Country Classify a State Country Classify a State Country Classify a State Classtate Classify a State		#, etc	5			5. Certificate of Status Desired		
Zip Zip Country Zip Country It is corporation has kability to intemplote tryounder is 199 032. Point & Stututes Provide	.					6. Election Campaign Financing		
Both Provide Studies Provide Studies Provide Studies Provide Studies 0. Name 10. Name Name 431 NE.10TH AVE. 91 Name BAY 19 0 10. Name Name 0.AKLAND PARK FL 33334 91 10. Name 10. Paramet to the provisions of Sectors 607.0002 and 607.1506. Florida Statutes, the above-named composition submits this statement for the purpose of changing its registered agent of tobin, the 7.500. Florida Statutes, the above-named composition submits this statement for the purpose of changing its registered agent of tobin, the 7.500. Florida Statutes, the corporation's board of director. I hereby accept the appointment as registered agent its registe	Zio	Country		Zip.	Country			
VILLAMIA, WENDY 451 Name 433 NE 107H AVE. BAY 19 182 Step 1 Access (P.O. Box Number is Not Accesstable) BAY 183 184 194 2.5 64 City FL 65 21p Code Frassart to the provisions of Sectors 607.0502 and 607 1508. Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent 1 and movies (PCE FIS AND DIRECTORS) 183 ANUTR Turn territy win, and accept the obligations of Sectors 607.0505. Forida Statutes, the above-name are registered organized organize		25	29		-	Florida Statutes	Yes VNO	a. 199.002,
4531 N.E. 10TH AVE. BY 19 OAKLAND PARK FL 33334 Image: Strate Address (P.O. Box Number is Not Acceptable) 94 City FL 85 Zip Code Pressure to the provisions of Sectores 607.0002 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or tractable agent or both in the State of Preida. Such change was authorated by the corporation's board of areators. Thereby accept the obligations of Sectore 607.0002, Florida Statutes, the above-named corporation's board of areators. Thereby accept the appointed in the spontiment as registered equal trans thereby accept the obligations of Sectore 607.0005, Florida Statutes, the above-named corporation's board of areators. Thereby accept the appointed in the appointed by the corporation's board of areators. Thereby accept the appointed in the appointed areator of informatia as registered equal transmitter with, and accept the obligations of Sector 007.0005, Florida Statutes. Date MANUME Office Fis AND Diffectoris 13 ADDIFICONSICHANCES TO OFFICERS AND DIFECTORS IN 12 0 Office Fis AND Diffectoris 0 ELEE 11 mit for the sponteneous of the appointed approximation of the approximation of the appointed approximation of the appointed approximate applicable approximation of the approximation of the appointed	VILL		or Current Registe	red Agent	61 Name	10. Name and Address of New	Registered Agent	··· ··································
OAKLAND PARK FL 33334 Image: Control of Sections 607,0002 and 607,1008, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. In the init of the child of the spontened corporation submits this statement for the purpose of changing its registered agent. In the init of the child of the spontened corporation submits this statement for the purpose of changing its registered agent. In the initiat of inplates agent its applicate the term and accept the obligations of Section 607,0002 and 607,1008, Florida Statutes. The above-nemed corporation's board of directors. I hereby accept the exponent as registered agent. In the state of the spontened agent and the interating? INATURE Init finance of inplates agent and the lapotede. I/OE Registered agent state interating? Dott INATURE OFFICEERS AND DIRECTORS IN 12 Init finance of inplates agent and the lapotede. I/OE Registered agent state interating? Dott INATURE OFFICEERS AND DIRECTORS IN 12 Init finance Init finance Init finance INATURE OFFICEERS AND DIRECTORS IN 12 Init finance Init finance Init finance INATURES Init finance Init finance Init finance Init finance Init finance INATURES Init finance Init finance Init finance Init finance Init finance INATURES Init finance Init finance Init finance Init fi	453	1 N.E.10TH AVE.					table)	
City Fursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and funding with and accept the object of 0.0505, Florida Statules, the corporation's board of directors. I hereby accept the sepontment as registered agent and the state of Plorida, Such change was authorized by the corporation's board of directors. I hereby accept the sepontment as registered agent and the state of appendix diger and the state of Plorida, Such change was authorized by the corporation's board of directors. I hereby accept the sepontment as registered agent and the sepontence of the object and the sepontence of the object and the sequence appendix diger and the state of appendix diger and the sequence appendix diger appendix diger and the sequence appendix diger and the sequence appendix diger appendix diger and the sequence appendix diger appendix diger and the sequence appendix diger appendix di			L			25		
Presumin to the provisions of Sectors 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered egent i and induitive with, and accept the obligations of Sectors 00.0505, Florida Statutes. Status of the provisions of Sectors 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of the exponential segistered egent i and induitive with, and accept the obligations of Sectors 00.0505, Florida Statutes. Status of the provisions of Sectors 00.0505, Florida Statutes. Note Status of the provisions of Sectors 00.0505, Florida Statutes. Note Status of the provisions of Sectors 00.0505, Florida Statutes. Note Status of the provisions of Sectors 00.0505, Florida Statutes. Note Status of the provisions of Sectors 00.0505, Florida Status of S	0/4				84 City	······································	85 Zid	Code
Superior is the Store prediction and the it applicable. (NOTE Programmed Agend and the it applicable. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Contract of instruction and the it applicable. (NOTE Programmed Agend agend and the applicable. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Directors Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 The Intel Colspan="2">Change Interview Inte								
Suprime logistic logistic ages and the Lagistance (MOTE Regulation ages and the Lagistance Ages and the Cages and the Lagistance Ages and the Lagistance	Pursuarit	to the provisions of Section	ns 607.0502 and 607	.1508, Florida Statute	as, the above-named cor	poration submits this statement for th		its registered
E D DELETE 1.1 Thile Change Addition Her Autoriss 4531 N.E. 10TH AVENUE BAY 19 13 SIRET ADDRESS 14 CD1: ST-2P Change Addition F OAKLAND PARK FL 33334 14 CD1: ST-2P Change Addition F DELETE 21 NUE 21 NUE Change Addition At DELETE 21 NUE 21 NUE Change Addition F DELETE 21 NUE 21 NUE Change Addition F DELETE 21 NUE 21 NUE Change Addition F 22 NUE 24 CD1: ST-2P Change Addition F 23 STRET ADDRESS 33 STRET ADDRESS 53 STRET ADDRESS 54 CD1: ST-2P F 24 CD1: ST-2P Change Addition 54 CD1: ST-2P Change Addition At Change DELETE 3 STRET ADDRESS 54 CD1: ST-2P Change Addition At Attract ADDRESS 33 STRET ADDRESS 53 STRET ADDRESS	 Pursuant office or r agent 1 a 	to the provisions of Section registered agent, or both, i im familiar with, and accept	ns 607.0502 and 607 in the State of Florida of the obligations of, §	. 1508, Florida Statute . Such change was a Section 607.0505, Flo	es, the above-named con outhorized by the corpora rida Statutes.	poration submits this statement for th ation's board of directors. I hereby ac		Its registered s registered
Het VILLAMIA, WENDY 12 NAVE 4531 N.E. 10TH AVENUE BAY 19 OAKLAND PARK FL 33334 13 STREET ADDRESS -551.2P 14 CDN-ST-2P F DELETE 21 TILE R. DELETE 21 STREET ADDRESS ACCORTSS 23 STREET ADDRESS -51.2P 24 COTY-ST-2P E1 ACCRESS 23 STREET ADDRESS -51.2P 24 COTY-ST-2P E1 ADDRESS 23 STREET ADDRESS -51.2P 24 COTY-ST-2P E1 ADDRESS 33 STREET ADDRESS -51.2P 24 COTY-ST-2P E1 ADDRESS 33 STREET ADDRESS -51.2P 24 COTY-ST-2P E1 ADDRESS 33 STREET ADDRESS -51.2P 44 COTY-ST-2P E1 ADDRESS 43 STREET ADDRESS -51.2P 44 COTY-ST-2P E1 ADDRESS 53 STREET ADDRESS -51.2P 44 COTY-ST-2P E1 ADDRESS 53 STREET ADDRESS -51.2P 10 DELETE E1 ADDRESS 53 STREET ADDRESS -51.2P 10 DELETE E1 ADDRESS 53 STREET ADDRESS -51.2P							e purpose of changing cept the appointment a	its registered s registered
EFF ADDRESS 4531 N.E. 10TH AVENUE BAY 19 OAKLAND PARK FL 33334 13 STRET ADDRESS F Id CITY-ST-ZP Id CITY-ST-ZP F Id CITY-ST-ZP Id CITY-ST-ZP AL 23 STRET ADDRESS Id CITY-ST-ZP F Id CITY-ST-ZP Id CITY-ST-ZP <t< td=""><td>GNATURE</td><td>Signature Typed or printed name of OFF</td><td>f registered agent and tille if a</td><td>applicatre. (NOTE ORS</td><td>Registered Agent signature requ 13.</td><td>uired when reinstating)</td><td>e purpose of changing cept the appointment a DATE FICERS AND DIRECTO</td><td>RS IN 12</td></t<>	GNATURE	Signature Typed or printed name of OFF	f registered agent and tille if a	applicatre. (NOTE ORS	Registered Agent signature requ 13.	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
Att DELETE 2.1 trice Change Addition Att 2.2 NAXE 2.3 STREET ADDRESS Change Addition Att 2.4 COTY-ST-ZP Change Addition Att 3.3 STREET ADDRESS		Signature: typed or printed name of OFF D	f registered agent and tille if a	applicatre. (NOTE ORS	Registered Agent signature requ 13. 1.1 TITLE	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
AE 22 MAKE EEL ADDRESS 23 STREET ADDRESS I-ST-2P 2.4 City-ST-2P E 2.4 City-ST-2P E 2.4 City-ST-2P E 2.4 City-ST-2P E 3.5 TREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS IL JOINESS 3.4 City-ST-2P E 0 DELETE 4.1 TITLE AE 0 DELETE 4.1 TITLE AE 2.1 AMAE 0 Change Addition 4.2 NAME E 0 DELETE 4.1 TITLE AE 0 DELETE 4.1 TITLE AE 0 DELETE 4.1 TITLE AE 0 DELETE 5.1 TITLE E 0 DELETE 5.1 TITLE E 0 DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS 4.5 ST-2P 5.4 CITY-ST-2P E 0 DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS 4.5 STREET ADDRESS 5.3 STREET ADDRESS 4.6 City-ST-2P 5.4 City-ST-2P F 0 DELETE 6.1 TITLE </td <td>BNATURE E</td> <td>Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE</td> <td>ropisiered agent and tille if a ICERS AND DIRECT</td> <td>applicatre. (NOTE ORS</td> <td>Registerec Agent signature requ 13. 1.1 Title 1.2 NANE</td> <td>uired when reinstating)</td> <td>e purpose of changing cept the appointment a DATE FICERS AND DIRECTO</td> <td>RS IN 12</td>	BNATURE E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	applicatre. (NOTE ORS	Registerec Agent signature requ 13. 1.1 Title 1.2 NANE	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
EEL ACOPTISS 2.8 STREET ADDRESS I-SI-ZIP 2.4 CITY-SI-ZIP E DELETE 8 3.2 STREET ADDRESS I-SI-ZIP Change Addition N-SI-ZIP Change Addition N-SI-ZIP E DELETE 3.1 TITLE 3.2 STREET ADDRESS C-SI-ZIP E DELETE 4.1 TITLE AE EL ADDRESS C-SI-ZIP E SITTLE DELETE SITTLE C-SI-ZIP E SITTLE SITTLE SITTLE C-SIT-ZIP E SITTLE SITTLE <	ENATURE E ME EET ADDRESS (-SL-ZIP	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	appicates (NOTE ORS DELETE	Registered Agent signature req. 13. 1.1 Tille 1.2 NAME 1.3 STREET ADDRESS E.4 CITY-ST-ZIP	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
E IDELETE 31 TTLE IDELETE 31 TTLE At 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS (-51-7) ² 34. CTIY-ST-2IP IDELETE 41 TTLE IDELETE E IDELETE 41 TTLE IDELETE Addition Ate IDELETE 51 TTLE IDELETE Addition Ate IDELETE 51 TTLE IDELETE Change Addition Ate IDELETE 51	GNATURE E IE EET ADDRESS (-ST-ZIP E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	appicates (NOTE ORS DELETE	Registered Agent signature req. 13. 1.1 Till& 1.2 NANE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITL®	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
H 32 NANE HET ADDRESS 33 STREET ADDRESS L-SI-20° 34. C(T) - ST-2(P) E DELETE AL 11 TILE AL 2 NAME AL 2 NAME E DELETE 4. C(T) - ST-2(P) Change AL Addition AL 2 NAME E1 ADDRESS 43 STREET ADDRESS C:ST-2(P) 44 C(TY-ST-2(P) E DELETE STREET ADDRESS	GNATURE E IE EET ADDRESS '-ST-ZIP E IE	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	appicates (NOTE ORS DELETE	E Registerec Agent signature requ 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
H1 ADDRESS 33 STREET ADDRESS S1-2P 34. (DTY-ST-ZIP E DELETE 41 TITLE NE 42 NAME E11 ADDRESS 43 STREET ADDRESS S1-2P 44 CITY-S1-ZIP E DELETE 51-2P 44 CITY-S1-ZIP E DELETE 51-2P 44 CITY-S1-ZIP E DELETE 51 TITLE Change Additionet 52 NAME EE1 ADDRESS 53 STREET ADDRESS -S1-2P 54 CITY-S1-ZIP E 53 STREET ADDRESS -S1-2P 54 CITY-S1-ZIP E 53 STREET ADDRESS -S1-2P 54 CITY-S1-ZIP F DELETE 61 TITLE S1 ZIP 54 CITY-S1-ZIP F B3 STREET ADDRESS -S1-2P 54 CITY-S1-ZIP F B3 STREET ADDRESS -S1-2P 54 CITY-S1-ZIP F B3 STREET ADDRESS -S1-2P 64 CITY-S1-ZIP -S1-2P 64 CITY-S1-ZIP -S1-2P 64 CITY-S1-ZIP <td>BNATURE E E EET ADDRESS ST-ZIP E E EET ADDRESS ST-ZIP</td> <td>Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE</td> <td>ropisiered agent and tille if a ICERS AND DIRECT</td> <td>ORS (NOTE</td> <td>Fregisterec Agent signature requ</td> <td>uired when reinstating)</td> <td>e purpose of changing cept the appointment a DATE FICERS AND DIRECTO</td> <td>RS IN 12</td>	BNATURE E E EET ADDRESS ST-ZIP E E EET ADDRESS ST-ZIP	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	ORS (NOTE	Fregisterec Agent signature requ	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
E DELETE 4.1 TITLE Change Addition AE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS EE1 ADDRESS 4.4 CITY - ST - ZIP 4.4 CITY - ST - ZIP Change Addition E DELETE 5.1 TITLE Change Addition AE DELETE 5.1 TITLE Change Addition AE DELETE 5.1 TITLE Change Addition AE DELETE 5.1 TITLE Change Addition F DELETE 5.4 CITY - ST - ZIP Change Addition AE DELETE 6.1 TITLE Change Addition AE DELETE 5.4 CITY - ST - ZIP Change Addition AE DELETE 6.1 TITLE Change Addition AE <td< td=""><td>ENATURE E E E E E E E E E E E E E E E E E E</td><td>Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE</td><td>ropisiered agent and tille if a ICERS AND DIRECT</td><td>ORS (NOTE</td><td>Fisgisterec Agent signature requ</td><td>uired when reinstating)</td><td>e purpose of changing cept the appointment a DATE FICERS AND DIRECTO</td><td>RS IN 12</td></td<>	ENATURE E E E E E E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	ORS (NOTE	Fisgisterec Agent signature requ	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
AE 4.2 NAME EE12 ADDRESS 4.3 STREET ADDRESS r-ST-ZIP 4.4 CITY-ST-ZIP E DELETE S1 TITLE Change Addition FE S1 TITLE LADDRESS S3 STREET ADDRESS (-ST-ZIP) S4 CITY-ST-ZIP FE S3 STREET ADDRESS (-ST-ZIP) S4 CITY-ST-ZIP F DELETE 61 TITLE Change Addition 62 NAME 62 NAME S3 STREET ADDRESS (-ST-ZIP) DELETE F DELETE 61 TITLE Change Addition 62 NAME 62 NAME 63 STREET ADDRESS (-ST-ZIP) 64 CITY-ST-ZIP I do hereby contify 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 is rue and accurate and that my signature shall have the same legal effect as If made under oath; th Lam an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 607. Florida Statutes, and that my rame	ENATURE E E E E E E T ADRESS (-ST-ZIP E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	ORS (NOTE	FROUSTEREC Agont signature requ	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO	RS IN 12
EE1 ADDRESS 4.3 STREET ADDRESS c-ST-ZIP 4.4 CITY-ST-ZIP E DELETE S.1 TITLE Change Addition AE S.1 TITLE FE1 ADDRESS S.3 STREET ADDRESS (-S1-ZIP) S.4 CITY-ST-ZIP F S.4 CITY-ST-ZIP F DELETE 6. ST-ZIP S.4 CITY-ST-ZIP F DELETE 6. ST-ZIP S.4 CITY-ST-ZIP F DELETE 6. STREIT ADDRESS 6.2 NAWE 62 NAWE 62 NAWE 63 STREIT ADDRESS (-S1-ZIP) I do hereby cortily 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 is rue and accurate and that my signature shall have the same legal effect as if made under oath; th Lem an differ or director of the corporation or threceiver or trustee empowered to execute this required by Chapter 607, Florida Statutes, and that my rame	ENATURE E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicate (NOTE ORS	Registere: Agent signature requ 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.8 NAME 2.8 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12
E DELETE 5.1 TITLE Change Addition Addition 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY: ST-ZIP F DELETE 6.1 TITLE Change Addition AE Statutes 6.3 STREIT ADDRESS 6.4 CITY: ST-ZIP Change Addition AE Observery 6.3 STREIT ADDRESS 6.4 CITY: ST-ZIP Change Addition AE Information indicated on this annual report or 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; this annual report is ruped to secure this report is required by Chapter 607. Florida Statutes, and that my rame	E INATURE E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicate (NOTE ORS	Registere: Agent signature requests 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12
AE 5.2 NANE FEET ADDRESS 5.3 STREET ADDRESS (-St-7)P 5.4 CITY-ST-2IP F DELETE 61 TITLE 61 TITLE 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS (-St-7)P 61 TITLE F 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS (-St-2)P 6.4 CITY-ST-2IP I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; th Lam an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 607. Florida Statutes; and that my rame	ENATURE E E EET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicate (NOTE ORS	Registere: Agent signature requests 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZIP 2.1 TITLE 2.2 NAME 2.8 STREET ADDRESS 2.4 City - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 City - ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12
EE1 ADDRESS 5.3 STREET ADDRESS (_SI-7)P 5.4 CITY_ST-7JP F DELETE 61 TITLE 61 TITLE 62 NAME 62 NAME 62 NAME 63 STREET ADDRESS (-SI-7)P 63 STREET ADDRESS 7-SI-7P 61 TITLE 1 do hereby cortify 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; th Lam an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 607, Florida Statutes, and that my rame	E ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E E E E E E E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicates (NOTE ORS DELETE DELETE DELETE	Registere: Agent signature requests 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.8 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12
F DELETE 61 TITLE Change Addition AE 62 NAME 62 NAME 63 STRET ADDRESS 64 CITY-ST-ZIP	BINATURE E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicates (NOTE ORS DELETE DELETE DELETE	Registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12
62 NAW 62 NAW 62 NAW 62 NAW 63 STREIT ADDRESS 64 CITY-ST-ZIP 1 do 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; th 1 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	BINA TUIRE E E EET ADDRESS '-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E E E E E A E E T ADDRESS (-ST-ZIP E E E A E E A E E A E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	Applicates (NOTE ORS DELETE DELETE DELETE	Registerie: Agont signature registerie: Agont signature registerie: Agont signature registerie: Agont signature registerie: Agont signature: Agont signat	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12 Addition
EET ADDRESS (- S1-ZIP - I do hereby certify that the information supplied with this filling 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; the tam 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	E + ADDRESS (-ST-ZIP F AE EET ADDRESS (-ST-ZIP F AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	APDIFENTE	Registerie: Agont signature registerie: Agont signature registerie: Agont signature registerie: Agont signature registerie: Agont signature: Agont signat	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12 Addition
64 CITY-ST-ZIP 6.4 CIT	GINA TUPRE E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	APDIFENTE	Registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent address 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.8 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12 Addition
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; the annual report 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	GINATURE E E E E E E E E E E E E E	Signature type:dice preduct name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE	ropisiered agent and tille if a ICERS AND DIRECT	APDIFENTE	Registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent address 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.8 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	uired when reinstating)	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12 Addition
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	BINA TUPRE E E E E E E E E E E E E E	Signature type: or printing name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE OAKLAND PARK FL	repistered agent and title if a ICERS AND DIRECT INUE BAY 19 33334	Applicates. (NOTE ORS DELETE DELETE DELETE DELETE DELETE DELETE	Registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent signature registere: Agent address 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.8 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change	RS IN 12 Addition
	GINATURE E E E E E E E E E E E E E	Signature typed or predict name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE OAKLAND PARK FL	Inceres agent and tille if a ICERS AND DIRECT INUE BAY 19 33334	Applicates (NOTE ORS DELETE DELETE DELETE DELETE DELETE DELETE Filing does not qualit tal annual report is to	Registere: Agent signature registere: Agent signature: Age	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition Addition
	NATURE ET ADDRESS (ST-ZIP) ET ADDRESS (ST-ZIP)	Signature types or printed name of OFF D VILLAMIA, WENDY 4531 N.E. 10TH AVE OAKLAND PARK FL	in supplied with this reprint to reprint the figure of the	Inplicates. (NOTE ORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent signature requires 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.8 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 STARET ADDRESS 6.4 CITY - ST - ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREIT	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF	e purpose of changing cept the appointment a DATE FICERS AND DIRECTO Change Change Change Change	RS IN 12 Additio Additio Additio Additio Additio Additio