Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000027414

GQ CUSTOM CLEANING, INC.

incipal Place of Business	Mailing Address 110 SE SOLAZ AVE PORT ST LUCIE FL 34983				
O SE SOLAZ AVE ORT ST LUCIE FL 34983					
	2a. Mailing Address				
¬ '	—				
¬ '	2a. Mailing Address 26 Suite, Apt. #, etc.				
Suite, Apt. #, etc.	26				
2. Principal Place of Business 11 Suite, Apt. #, etc. 12 City & State	Suite, Apt. #, etc.				

**FILED** Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90128 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6 Election Campaign Financing

03/22/1996 4. FEI Number

65-0653779

Zip   Country   Zip   Country   S. This corporation owes the current year Intanglete   Personal Property Tax   Yes   No		•	1	<b>a</b>				Trust Fund	Contribution		Added to	o Fees	
9. Name and Address of Current Registered Agent  OUNONES, GEORGE 110 SE SOLAZ AVE PORT ST LUCIE FL 34983  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the propose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Section 607 0502. Florida Statutes, so SIGNATURE  Signature, hower printed rance of registered agent will this illigoration.  SIGNATURE  Signature, hower printed rance of registered agent will this illigoration.  MAKE  QUINONES, GEORGE  110 SE SOLAZ AVE  PORT ST LUCIE FL  QUINONES, GEORGE  110 SE SOLAZ AVE  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  QUINONES, MARIA  110 SE SOLAZ AVE.  PORT ST LUCIE FL  QUINONES, MARIA  110 SE SOLAZ AVE.  QUINONES, MARIA  110 SE	23   Zip	Cor		<del></del> -	***	Country		-		rrent vear Inta	angible		
OUINONES, CEORGE 110 SE SOLAZ AVE PORT ST LUCIE FL 34983  11. Name 110 SE SOLAZ AVE PORT ST LUCIE FL 34983  121 City 122 Street Address (P.O. Box Number is Not Acceptable)  123 Street Address (P.O. Box Number is Not Acceptable)  134 City 125 Street Address (P.O. Box Number is Not Acceptable)  135 Jap Code 147. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered adjust or both, in the State and State 100 State	<b>¬</b> ·		· }	-a '	30	1				,		□No	
SIMPLE   STREET ADDRESS   STREET ADDRE	24			<del>'</del>									
STREET ADDRESS OUNDIES, MARIA TITLE  OUNDIES, MARIA TITLE  STREET ADDRESS OUNDIES, MARIA TITLE  OUNDIES, MARIA TITLE  OUNDIES, MARIA TITLE  OUNDIES, MARIA TITLE  STREET ADDRESS OUNDIES, MARIA TITLE  OUNDIES TITLE  OUNDIES TITLE  OUNDIES TO Change Addition TITLE TO Change TITLE TO Change TITLE TO Chang	<del></del>			<u> </u>		81	Name						
110 SE SOLAZ AVE PORT ST LUCIE FL 34983  83  84 City FL 35 Zip Code:  11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florids Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Section 807 0505, Florids Statutos.  SIGNATURE Signature, sport or privated name of registered agent and this applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OUNONES, GEORGE 11. TITLE  11. TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. TITLE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. TITLE  10. DELETE  11. TITLE  11. S. QUINONES, GEORGE  11. STREET ADDRESS  11. STREET ADDRESS  11. SE SOLAZ AVE  12. STREET ADDRESS  11. STREET ADDRESS  11. STREET ADDRESS  11. STREET ADDRESS  12. AND TITLE  12. ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY ST. 2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change   Addition	QUI	NONES, GEORGE					O4	leane (D.O. Bey More	har is Not Assor	table)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  3ignature, type or printed name of registered agent and sine if agicitable.  ACHE Registered Agent signature required when revolating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  13. STREET ADDRESS  11. SE SOLAZ AVE  13. STREET ADDRESS  11. SE SOLAZ AVE  13. STREET ADDRESS  10. SE OLINE ST. P.  OUINONES, MARIA  10. SE SOLAZ AVE  13. STREET ADDRESS  10. SE OLINE ST. P.  OUINONES, MARIA  10. SE SOLAZ AVE  10. SE SOLAZ A	110 SE SOLAZ AVE					82	82  Street Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and tills & applicable						83							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and tills & applicable									1 + 1 g + 1 s	-Hi.	idael za (	200	
office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's doard of birectors. Thereby accept the approximation as registered agent and armalize with, and accept the obligations of, Section 607/505/F, Findriad Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and time it applicable.  [NOTE Registered Agent signature required when renealizing)  DATE  12. OFFICERS AND DIRECTORS IN 12  [TITLE  OUINONES, GEORGE  110 SE SOLAZ AVE  110 SE SOLAZ AVE  110 SE SOLAZ AVE  110 SE SOLAZ AVE  111 TITLE  OUINONES, MARIA  110 SE SOLAZ AVE.  21 TITLE  OUINONES, MARIA  110 SE SOLAZ AVE.  22 TITLE  OUINONES, MARIA  110 SE SOLAZ AVE.  23 STREET ADDRESS  CITY-ST-ZP  TITLE  MAME  31 STREET ADDRESS  32 TITLE  OLELETE  31 TITLE  OCHange  Addition  Addition							•	'है कि ह ' े हैं क		<u> </u>		d	
Signature, paper of printed name of registered agent and tiles displication.    NOTE Registered Appert signature required when resistating)   UATE   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N 12.	office or o	enistered agent or b	ooth in the State of Flo	orida. Such ch	iange was autho	orized by	ine corporau	poration submits this ion's board of direct	statement for thors. I hereby acc	e purpose of ept the appoi	changing its ntment as rec	registered gistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PT OUNONES, GEORGE 11/TITLE   1/MWE 11/MWE 11/MW	SIGNATURE				(NOTE: Par	-internal Association	t elonatura paguir	ed when reinetation)		DATE			
ITTLE  OUINONES, GEORGE  110 SE SOLAZ AVE  PORT ST LUCIE FL  NAME  OUINONES, MARIA  110 SE SOLAZ AVE  PORT ST LUCIE FL  NAME  OUINONES, MARIA  110 SE SOLAZ AVE  PORT ST LUCIE FL  NAME  OUINONES, MARIA  110 SE SOLAZ AVE  PORT ST LUCIE FL  OUINONES, MARIA  110 SE SOLAZ AVE  PORT ST LUCIE FL  OELETE  3.1 TITLE  ANAME  3.2 NAME  3.3 STREET ADDRESS  OUTV-51-ZP  OELETE  4.1 TITLE  ANAME  3.3 STREET ADDRESS  OUTV-51-ZP  OUINONESS  OUTV-51-ZP  OELETE  4.1 TITLE  ANAME  4.2 NAME  4.3 STREET ADDRESS  OUTV-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  OUTV-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  OUTV-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  5.4 ACTY-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  5.4 CITY-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  5.4 CITY-51-ZP  TITLE  ANAME  5.3 STREET ADDRESS  5.4 CITY-51-ZP  TITLE  ADDRESS  5.5 STREET ADDRESS  5.5 STREET ADDRESS  5.5 STREET ADDRESS  5.5 CITY-51-ZP  TITLE  TO Change  Addition  Addition  Addition  Addition  Addition  Addition  TITLE  TO Change  Addition  Addition  TITLE  TO Change  Addition  TITLE  TO Change  Addition  TITLE  TO Change  Addition  TITLE  TO Change  Addition	12	Signature, typed or printed			(NOTE: Re		i signature requiri		CHANGES TO C		ID DIRECTO	RS IN 12	
OUINONES, GEORGE 110 SE SOLAZ AVE PORT ST LUCIE FL 110 SE SOLAZ AVE PORT ST LUCIE FL 110 SE SOLAZ AVE PORT ST LUCIE FL 1110 S	<del></del>	DT	OTTIOENO AND DI		] DELETE								
STREET ADDRESS  110 SE SOLAZ AVE PORT ST LUCIE FL  1 ACTIV-ST-ZIP  S		' '	ORGE										
PORT ST LUCIE FL  ITTLE  S  QUINONES, MARIA  22 NAME  AUDITORES  CITY-ST-ZIP  QUINONES, MARIA  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  AUDITORES  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  AUDITORES  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  AUDITORES  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  AUDITORESS  CITY-ST-ZIP  TITLE  AUDITORESS  CITY-ST-ZIP  AUDITORESS  CITY-ST-ZIP  CHange  Addition  Addition		1					ADDRESS						
TITLE S QUINONES, MARIA 110 SE SOLAZ AVE. PORT ST LUCIE FL  DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 4.1 TITLE AAME 4.1 TITLE AAME 4.1 TITLE AAME 4.1 TITLE AAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE AAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE AAME 5.4 CITY-ST-ZIP TITLE AAME 5.5 STREET ADDRESS 6.3 S													
NAME QUINONES, MARIA 110 SE SOLAZ AVE. PORT ST LUCIE FL  110 SE SOLAZ AVE. PORT ST LUCIE FL  1110 Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE  12 DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE 1 DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE 1 DELETE 63 TITLE 62 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1 DELETE 63 TITLE 64 NAME STREET ADDRESS CITY-ST-ZIP TITLE			. T L		] DELETE		- 217	·			Change	Addition	
STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL  23 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 41 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 CITY-ST-ZIP TITLE 55 STREET ADDRESS CITY-ST-ZIP TITLE 56 STREET ADDRESS CITY-ST-ZIP TITLE 57 STREET ADDRESS CITY-ST-ZIP TITLE 58 STREET ADDRESS CITY-ST-ZIP TITLE T			DIA	_									
PORT ST LUCIE FL  2.4 CITY-ST-ZIP  TITLE  NAME  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  3.4 CITY-ST-ZIP  DELETE  4.1 TITLE  AMME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  4.2 NAME  4.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.4 CITY-ST-ZIP  TITLE  NAME  6.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.6 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.7 NAME  6.8 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.9 NAME  6.9 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.1 TITLE  NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.4 CITY-ST-ZIP  TITLE  NAME  6.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.6 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.7 NAME  6.8 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.9 NAME  6.9 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.1 TITLE  NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  6.4 CITY-ST-ZIP  TITLE							ADDRESS						
TITLE	•					Ì	)				_		
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  Addition		TOTTI ST EGGE	. 1 -		DELETE		1-2"		-		Change	Addition	
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  ST													
3.4. CITY- ST-ZIP  TITLE  DELETE  4.1 TITLE  Addition  4.2 NAME  4.3 STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  6.1 TITLE  CAnnge  Addition  Addition							ADORESS						
TITLE DELETE 4.1 TITLE Change Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  Change Addition  Addition  Addition  Addition  Addition  Addition  Change Addition													
AAME STREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS 6.4 CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE NAME 6.5 STREET ADDRESS 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP TITLE NAME 6.7 NAME 6.8 STREET ADDRESS 6.9 STREET ADDRESS 6.1 CITY-ST-ZIP TITLE The street address 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE The street address 6.5 STREET ADDRESS 6.6 CITY-ST-ZIP TITLE THE street address 6.7 STREET ADDRESS 6.7 STREET ADDRESS 6.8 STREET ADDRESS 6.9 STREET ADDRESS 6.					DELETE						Change	Addition	
A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Add						4. 2 NAME							
CITY-ST-ZIP							ADDRESS				•.		
ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  CHange  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Add												1	
NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  6.4 CITY-ST-ZIP  1.4 Liber play contify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information	TITLE				DELETE				_		Change	Addition	
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Libership contife that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information						5.2 NAME				•			
SA CITY-ST-ZIP   SA CITY-ST-ZIP   SA CITY-ST-ZIP   Change   Addition						5.3 STREE	ADDRESS					ļ	
TITLE    DELETE   6.1 TITLE   Change   Addition						5.4 CITY- S	T-ZIP						
NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  14 L boroby codify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information	TITLE				DELETE	6.1 TITLE			<i>-</i>		Change	☐ Addition	
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. Liberable codification supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes.   further certify that the information	NAME					6.2 NAME							
64 CITY-ST-ZIP  14. Liberably codify 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						6.3 STREE	ADDRESS						
14. I beroby 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						6.4 CITY-S	r-zip						
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	14 1 horoby	certify that the inform	nation supplied with th	is filing does r	not qualify for th	e exempt	on stated in	Section 119.07(3)(i)	, Florida Statutes	. I further cer	tify that the i	nformation	

SIGNATURE: