PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90130 007 ***158.75

Corporati	JMENT # P9600002999		ıc.								
Principal Pla	ice of Business	Mailing	Address								
	5353 Conroy Rd.										
	Suite 200						DO NOT WR	ITE IN THIS	SPACE		
	Orlando, FL 32811					}	Date Incorporated or Qualifed		- GI AGE		
	orrando, ra orea			•			5. Date monporates or essures				
2. Principal	Place of Business	2a. Ma	iling Address				4. FEI Number		$\neg \neg$	Applie	ed For
— ·	5353 Conroy Rd.	26 5	353 Conro	v Rd.	,)	59-3372102			Not A	plicable
Suite, Ap	t. #, etc.		te, Apt. #, etc.	#			E. Cadiforty of Ctatus Decimal	₹F7	\$8.7	5 Add	litional
22	Suite 200	27	Suite 20	0			5. Certifcate of Status Desired	X)	Fee	Requi	ired
City & Sta			y & State			-1	6. Election Campaign Financing		\$5.0)0 Ma	7 Be
23	Orlando, FL		Orlando,				Trust Fund Contribution		Adde	ed to F	ees
Zip	Country	Zip			intry		8. This corporation owes the cur	rent year Int		_	
24	32811 25 USA	17.7	32811	30 US	SA		Personal Property Tax.	 .	∐Yes	_ <u> </u>	No
	9. Name and Address of Current	Registered	d Agent		81 Name		10. Name and Address of New	Registered	Agent		
						Anil	Valbh		_		
	Anil Valbh				82 Street	Address	s (P.O. Box Number is Not Accept	able)			
	5353 Conroy Rd.				83	<u>5353</u>	Conory Rd.				
	Suite 200					Suit	e 200				
1	Orlando, FL 32811				84 City	<u> </u>				ip Cod	
	<u> </u>				1 1	Orla:	nda	FL	. 1 3	281	
44 Dominion	4 h - 4 h		EOR Florido Status	o the s	hove pamed	OL J.a.	tion submits this statement for the	numpes of			
11. Pursuan office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.19	508, Florida Statur	es, the a	hove-named	comora	tion submits this statement for the	purpose of pt the appoi	changing	its rec	istered
11. Pursuan office or agent. I	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.19 Florida ons of See	508, Florida Statu yan change was a 607.0505, Flo	es, the a authorized anda Stati	hove-named	comora	ation submits this statement for the s board of directors. I hereby acce	pt tne appoi	changing ntment as	its rec	istered
11. Pursuan office or agent. I SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation		yth change was a 607.0505, Fio	uthorized orida Stati	bove-named by the corp utes.	corpora oration's	ation submits this statement for the board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its rec	istered
office or agent, I	registered agent, or both, in the State of am familiar with, and accept the obligation	Priorida Bris of Social and priorida	the change was a control of the change was a control of the cable.	uthorized orida Stati	hove-named	corpora oration's	ation submits this statement for the board of directors. I hereby acce	DATE	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE	registered agent, or both, in the state of am familiar with, and accept the obligation of familiar with and accept the obligation of familiar with a state of printed name of reastered agent of the state of the sta	Priorida Bris of Social and priorida	the change was a control of the change was a control of the cable.	inthorized orida Stati	bove-named by the corp utes.	corpora oration's	ntion submits this statement for the board of directors. I hereby acce	DATE	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE	registered agent, or both, in the stake of am familiar with, and accept the objection of familiar with and accept the objection of familiar with a state of familiar with a	Priorida Bris of Social and priorida	cable. (NOTE	Registered	bove-named d by the corp utes. Agent signature	corporation's	ation submits this statement for the board of directors. I hereby acce	DATE	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE	registered agent, or both, in the stake of am familiar with, and accept the objection of familiar with and accept the objection of familiar with and accept the objection of familiar with a second of f	Priorida Bris of Social and priorida	cable. (NOTE	Registered 13. 1.1 TO	bove-named d by the corp utes. Agent signature	corporation's required when D D:Lp	ation submits this statement for the board of directors. I hereby accessored the statement of the statement	DATE	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE 12. TITLE	registered agent, or both, in the stake of am familiar with, and accept the objection of familiar with familiar	Prorida S pre of See	cable. (NOTE	Registered 13. 1.1 TI 1.2 NI 1.3 ST	bove-named d by the corp utes. Agent signature	pequired where the property of	ntion submits this statement for the board of directors. I hereby accessored by the prentation of the statement of the board of directors. I hereby accessored by the prentation of the statement	DATE FICERS A	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES	Signature, typed or printed name of restreed agents. OFFICERS AND Dipak Jobalia 251 S. Atlantic Ave. Ormond Beach, FL 327	Prorida S pre of See	cable. (NOTE	Registered 13. 1.1 TI 1.2 NI 1.3 ST	bove-named d by the corp utes. Agent signature of the corp utes. TLE AME TREET ADDRESS TY-ST-ZIP	D D:Lp 251 Orm	ation submits this statement for the board of directors. I hereby acce Application of the board of directors. I hereby acce Application of the board of directors. I hereby acce Application of the board of the b	DATE FICERS A	changing ntment as	its reg regist	istered ered
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	Signature, typed or printed name of restatered agents. OFFICERS AND Dipak Jobalia 251 S. Atlantic Ave. Ormond Beach, FL 327 Anil Valbh	DIRECTO	cable (NOTE) DELETE	Registered 13. 1.1 Tr 1.2 Nr 1.3 ST	bove-named d by the corp utes. Agent signature TLE AME TREET ADDRESS TY-ST-ZIP TLE	D: D	ntion submits this statement for the board of directors. I hereby acce Application of directors and the statement of the board of directors. I hereby acce Application of the statement of the	DATE FICERS AN	thanging nament as	its reg regist	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	orgistered agent, or both, in the stake of am familiar with, and accept the objection of familiar with and accept the objection of familiar with a familiar with and accept the objection of the familiar with and accept the objection of the familiar with and accept the objection of the familiar with a famil	DIRECTO	cable (NOTE) DELETE	Tagustered 13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.2 NV	bove-named d by the corp utes. Agent signature TLE AME TREET ADDRESS TY-ST-ZIP TLE	D D:ip 251 Orm D Ani 535	ation submits this statement for the s board of directors. I hereby acce Application of directors and the statement of the second of directors. I hereby acce Application of the second of the secon	DATE FICERS AN	thanging nament as	its reg regist	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	cegistered agent, or both, in the stake of am familiar with, and accept the obligation of the stake of am familiar with, and accept the obligation of the stake of a company of the stake o	DIRECTO	cable (NOTE) DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.2 NV 2.3 ST	bove-named d by the corp utes. I Agent signature TLE AME TREET ADDRESS TY-ST-ZIP TLE AME	D:ip 251 Orm Ani 535 Or1	ntion submits this statement for the board of directors. I hereby acce Application of directors and the statement of the board of directors. I hereby acce Application of the statement of the	DATE FICERS AN	thanging nament as	its reg regist	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	orgistered agent, or both, in the stake of am familiar with, and accept the objection of familiar with and accept the objection of familiar with a familiar with and accept the objection of the familiar with and accept the objection of the familiar with and accept the objection of the familiar with a famil	DIRECTO	cable (NOTE) DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.2 NV 2.3 ST	bove-named d by the corp utes. I Agent signature TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ZIY-ST-ZIP	D: D	tion submits this statement for the board of directors. I hereby accession of directors. I hereby accession of directors. I hereby accession of ADDITIONS/CHANGES TO OF ARCHARGES TO OF ARCHAR	DATE FICERS AN	thanging nament as	its regist regist TORS ge	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	orgistered agent, or both, in the stake of am familiar with, and accept the objection of familiar with and accept the objection of familiar with a familiar with and accept the objection of the familiar with and accept the objection of the familiar with and accept the objection of the familiar with a famil	DIRECTO	Cable (NOTE DELETE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST 2.4 C	bove-named d by the corp utes. I Agent signature i TLE AME TIREET ADDRESS TY-ST-ZIP TIRE TREET ADDRESS STY-ST-ZIP TIREET ADDRESS STY-ST-ZIP TIRE	D D:ip 2:51 Orm Ani 535 Or1 D Moh	tion submits this statement for the s board of directors. I hereby accession of directors. I hereby accession of directors. I hereby accession of the statement of directors. I hereby accession of ADDITIONS/CHANGES TO OF ak Jobalia S. Atlantic Ave. and Beach, FL 3271 1 Valbh 13 Conroy Rd. Suit ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist TORS ge	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the stake of am familiar with, and accept the obligation of the stake of am familiar with, and accept the obligation of the stake of a composition of the stake of the sta	DIRECTO	Cable (NOTE DELETE	13. 1.1 TT 1.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.2 N	bove-named d by the corp utes. I Agent signature i TLE AME TIREET ADDRESS TY-ST-ZIP TIRE TREET ADDRESS STY-ST-ZIP TIREET ADDRESS STY-ST-ZIP TIRE	D D:ip 2:51 Orm Ani 535 Or1 D Moh	ak Jobalia S. Atlantic Ave. 1 Valbh 2 Conroy Rd. Suit and Bhoola S. Atlantic Ave.	DATE FICERS AN	changing ntment as	its regist regist TORS ge	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	DIRECTO	Cable (NOTE DELETE	13. 1.1 TT 1.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.3 S	bove-named d by the corp utes. I Agent signature I TLE AME TIREET ADDRESS TIY-ST-ZIP TILE AME TREET ADDRESS ZIY-ST-ZIP TILE AME TREET ADDRESS ZIY-ST-ZIP TILE AME	D D:ip 2:51 Orm Ani 535 Or1 D Moh	tion submits this statement for the s board of directors. I hereby accession of directors. I hereby accession of directors. I hereby accession of the statement of directors. I hereby accession of ADDITIONS/CHANGES TO OF ak Jobalia S. Atlantic Ave. and Beach, FL 3271 1 Valbh 13 Conroy Rd. Suit ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist	IN 12 Addition Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	registered agent, or both, in the stake of am familiar with, and accept the obligation of the stake of am familiar with, and accept the obligation of the stake of a superior of the stake	DIRECTO	Cable (NOTE DELETE	13. 1.1 TT 1.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.3 S	Dove-named d by the corp utes. I Agent signature I Agent signature I AME ITREET ADDRESS ITY-ST-ZIP TLE ITREET ADDRESS ITY-ST-ZIP	D D:ip 251 Orn Ani 535 Or1 D Moh 281	ak Jobalia S. Atlantic Ave. ando, FL 32811 Andon, FL 32811 S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist	istered ered IN 12 Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-SI-JIP TITLE NAME STREET ADDRES CITY-SI-JIP TITLE NAME STREET ADDRES CITY-SI-JIP	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	DIRECTO	Cable (NOTE Cable DELETE DELETE	13. 1.1 TT 1.2 N/ 2.2 N/ 2.3 ST 2.4 CT 3.3 ST 3.4 CT 3.4	Dove-named d by the corp utes. I Agent signature i i Agent signature i i Agent signature i i i Agent signature i i i i i i i i i i i i i i i i i i i	D D:ip 251 Orn Ani 535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 Anna Bhoola S. Atlantic Ave. ando, FL 32811 S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist	IN 12 Addition Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE TITLE NAME	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	DIRECTO	Cable (NOTE Cable DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 Cf 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 Cf 4.1 TI 4.2 N/ 4.2 N/ 4.2 N/ 4.3 TI 4.2 N/ 4.2 N/ 4.3 TI 4.2 N/ 4.2 N/ 4.3 TI 4.3 TI 4.3 N/ 4.3 TI	Dove-named d by the corp utes. I Agent signature i i Agent signature i i Agent signature i i i Agent signature i i i i i i i i i i i i i i i i i i i	D D:ip D:51 Orm Ani 535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist	IN 12 Addition Addition
office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered agent and accept the obligation of the state of an familiar with, and accept the obligation of the state of the obligation of the	DIRECTO	Cable (NOTE Cable DELETE DELETE DELETE	13. 1.1 TT 1.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 ST	Dove-named d by the corp utes. I Agent signature i i Agent signature i i Agent signature i i i Agent signature i i i i i i i i i i i i i i i i i i i	D D:ip D:51 Orm Ani 535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 Anna Bhoola S. Atlantic Ave. ando, FL 32811 S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist regist regist regist regist register	IN 12 Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME STREET ADDRES STREET ADDRES	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	DIRECTO	Cable (NOTE Cable DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 S1 1.4 Cf 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 4.4 Cf 5.1 TI 4.5 TI 4.5 TI 4.5 TI 4.5 TI 5.1 TI 5. TI 5	Dove-named d by the corp utes. I Agent signature i i Agent signature i i Agent signature i i i Agent signature i i i i i i i i i i i i i i i i i i i	D D:ip D:51 Orm Ani 535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist regist regist regist regist register	IN 12 Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state o	DIRECTO	Cable (NOTE Cable DELETE DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 4.3 SI 4.4 CI 5.1 TI 5.2 NV	Dove-named d by the corp utes. I Agent signature i i Agent signature i i Agent signature i i i Agent signature i i i i i i i i i i i i i i i i i i i	D D:ip D:535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist regist regist regist regist register	IN 12 Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of the	DIRECTO	Cable (NOTE Cable DELETE DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 4.4 CT 5.1 TT 5.2 NV 5.3 ST	Dove-named d by the corp utes. I Agent signature in the corp utes. ITLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE ITTLE ITTLE	D D:ip D:535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist regist regist regist regist regist regist regist regist register	IN 12 Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of the	DIRECTO	Cable (NOTE CABLE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CF 2.1 TT 2.2 NV 2.3 ST 2.4 CF 3.1 TT 3.2 NV 3.3 ST 4.4 CF 5.1 TT 5.2 NV 5.3 ST 5.4 CF 5.5 ST 5.5 S	Dove-named d by the corp utes. I Agent signature I AGE I REET ADDRESS ITY-ST-ZIP TLE AME I REET ADDRESS ITY-ST-ZIP TLE I REET ADDRESS ITY-ST-ZIP	D D:ip D:535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist register r	IN 12 Addition Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of the	DIRECTO	Cable (NOTE Cable DELETE DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 4.4 CT 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 5.4 CC 6.1 TT	Dove-named d by the corp utes. I Agent signature I AGE I REET ADDRESS ITY-ST-ZIP TLE AME I REET ADDRESS ITY-ST-ZIP TLE	D D:ip D:535 Or1 D Moh 281 D Ishw	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist register r	IN 12 Addition Addition
Office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	registered agent, or both, in the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of am familiar with, and accept the obligation of the state of the	DIRECTO	Cable (NOTE CABLE	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CF 1.3 ST 1.4 CF 1.3 ST 1.4 CF 1.5 ST 1.4 CF 1.5 ST 1.5	Dove-named d by the corp utes. I Agent signature I AGE I REET ADDRESS ITY-ST-ZIP TLE AME I REET ADDRESS ITY-ST-ZIP TLE	D Dip 251 Orm Ani 535 Or1 D Moh 281 Or1s	ak Jobalia S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811 an Bhoola S. Atlantic Ave. ando, FL 32811	DATE FICERS AN	changing ntment as	its regist register r	IN 12 Addition Addition Addition

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED N

(LCD) 841 8851