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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000038099 (3)

AL-FATAH CORP.

FILED May 06 1998 8:00am Secretary of State



City & State City & State City	Principal Place	e of Business	Mailing Address					THE SELL SEEL
2. Principal Piace of Existinos 2. A Making Address 3. Date Incorporated or Qualified 05/02/1996 4. FER Invitable 13				H COURT				
2. Prioribed Place of Business 2a. Multing Address 4. FEI Number Applicable St. April 4, 915 28. Suite, April 4, 915 28. Suite, April 4, 915 55. Certificate of Status Desired \$8.75 Applicable \$9.75 Applic	MIAMI FL 330	л5	MIAM/ FL 33015			DO NOT WRITE IN TH	IIS SPACE	
1. Pursuant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes. Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes, the above named Corporation submittle this statement for the purpose of Changing its registered of Socious capitales align to a both, in the State of Hordus Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes, the above named Corporation submittle this statement for the purpose of Changing its registered of Socious capitales align to a both, in the State of Hordus Survivant to the provisions of Socious 607 0500 and 807 1508. Florida Statutes, the above named Corporation submittle this statement for the purpose of Changing its registered of Socious 607 0500 and 807 1508. Florida Statutes, the above named Corporation submittle this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose of Changing its registered of Socious submitted this statement for the purpose purpose its registered submitted to the submitted of Socious Corporation of Socious Socious submitted this statement for the purpose of Changing its registered Socious submitted this statement for the purpose of Changing its registered So							IIO OI ACE	
2. Making Aptiess 2. Making Aptiess 3. M						· '		
State, Apt. #, etc. State, Apt. #, etc.	2. Principal Pi	ace of Business	2a. Mailing Address			· <u>·</u>	I IAI	onlied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sec. Certificate of Status Desired Sec. 75 Acaditonal people of Status Desired Academic Status Desired Sec. 75 Acaditonal people of Status Desired Academic Status Desired Academic Status Desired Sec. 75 Academic Status Desired Desired Academic Status Desired Desired Academic Status Desired Desire	—					65-0663123		''
City & State								
28 28 29 29 29 20 30 5 10 10 10 10 10 10 10	27		27			5. Certificate of Status Desired	Fee R	equired
28	City & State City & State					6. Election Campaign Financing	\$5.00	May Be
Section Process Proc	23					Trust Fund Contribution		•
AMERIA AVENUE CORAL GABLES FL 33134 88 Street Address of New Registered Agent 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 City FL 86 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 City FL 86 Zip Code 80 City FL 86 Zip	 '	Country		Country		8. This corporation owes or has paid the	current year in	tangible
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 88 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 FL 85 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 85 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 85 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 85 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 85 Street Address (P.O. Box Number is Not Acceptable) 89 Gity FL 85 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Gity FL	24] No
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 edition or regulated agent of the implication of Such of the Such of London Such change was entholized by the corporation's board of directors. Thereby accept the appointment as registered edition of the purpose of changing its registered segon. I am implication of Such of Control (P.S. School) 2508. Florida Statutes and Such change was entholized by the corporation's board of directors. Thereby accept the appointment as registered segon. I am implication of the purpose of changing its registered segon. I am implication of the purpose of changing its registered segon. I am implication of the corporation's board of directors. Thereby accept the appointment as registered segon of the purpose of changing its registered segon of the purpose of changing its registered segon of the purpose of change in the purpose of changing its registered segon of the purpose of change in the corporation's board of directors. I hereby accept the appointment as registered segon of the corporation's board of directors. I hereby accept the appointment as registered segon of the corporation's board of directors. I hereby accept the purpose of changing its registered segon of the corporation's board of directors. I hereby accept the purpose of changing its registered segon of the corporation submits this statement for the purpose of changing its registered segon of the corporation of the expectations. In the corporation of the expectation of the capture of the corporation of the expectation of the expectation. 88 Street Address (P.O. Box Number of the corporation of the expectation of the expectation of the expectation of this expectation of the expectation of the expectation of the expec			ent Hegistered Agent		1-11	10. Name and Address of New Register	ed Agent	
CORAL GABLES FL 33134 B4					Name			
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing alls 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 the state of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, with an accept the child paleons of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD INNI, A. 12 ANA 13 STREET ADDRESS DIV. 51 - 2P MIAMI FL 33015 DELETE 14 TITLE DELETE 13 TITLE DELETE 14 TITLE DELETE 14 TITLE DELETE 14 TITLE DELETE 15 TITLE DELETE 14 TITLE DELETE 15 TI				62	Street Ad-	Street Address (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the onligations of, Soction 607 0505, Florida Statutes. SIGNATURE Signature Properties Pr	CO	RAL GABLES FL 33134			<u> </u>	·		
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am femiliar with, and accept the other of corporations of corporations board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the other one of 70 505. Florida Statutes. SIGNATURE Signature System or precisions of specific and accept the other of security of the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the other of security of the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the registered agent. I have been described by the corporation of the corporation of the registered. 12. ADDITIONS/CHANGES TO				63	1			
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 Strite of Tlorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NINI, A. 19141 NORTHWEST 77TH COURT MIAMI FL 33015 DELETE 1.1 TITLE VD SIGNATURE 1.2 PAWE 1.3 STREET ADDRESS CITY-ST-2P TITLE WARE 1.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.1 TITLE 2.2 RAWE 3.3 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition Addition Addition SIREET ADDRESS CITY-ST-2P TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE Change Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE Change Addition ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE Change ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE Change ADDITIONS/CHANGES TO CHECKES AND DIRECTORS IN 12 TITLE ADDITIONS/CHA				84	City		. 85 Zip	Code
SIGNATURE PD					<u> </u>		·L `	
SIGNATURE PD	11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.05 egistered agent, or both, in the Stat n familiar with, and accept the obli	602 and 607.1508, Florida Sta tu te of Florida: Such change was gations of, Section 607. 0505 , Fl	les, the abov authorized b lorida Statute	e-named co y the corpor s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing it appointment as	ts registered registered
Signature lyrical primed former of agricultarial graphication MOTE: Registeration of required spirits of primed when relaxation(s) DATE								
TITLE NINI, A. 12 AMAE 19141 NORTHWEST 77TH COURT 1.3 STREET ADDRESS CITY-ST-ZP					ent signature req			
NINI, A. 19141 NORTHWEST 77TH COURT CITY-ST-ZEP MIAMI FL 33015 1.4 CITY-ST-ZEP MIAMI FL 33015 1.4 CITY-ST-ZEP MIAMI FL 33015 1.4 CITY-ST-ZEP MIAMI FL 33015 1.5 STREET ADDRESS MIAMI FL 33015 1.6 CITY-ST-ZEP MIAMI FL 33015 1.7 CITY-ST-ZEP MIAMI FL 33015 1.8 CITY-ST-ZEP MIAMI FL 33015 1.8 CITY-ST-ZEP MIAMI FL 33015 1.9 CITY-ST-ZEP MIAMI FL 33015 1.0 CITY-ST-ZEP MIAMI FL 3						ADDITIONS/CHANGES TO OFFICERS A		
STREET ADDRESS DITY-ST-ZIP TITLE VD DELETE SIDDIG, AMIN STREET ADDRESS 14.6 (TIY-ST-ZIP TITLE SIDDIG, AMIN STREET ADDRESS 19141 NORTH-WEST 77TH COURT STREET ADDRESS DITY-ST-ZIP MIAMI FL 33015 DELETE 31 TITLE STREET ADDRESS DITY-ST-ZIP DELETE 31 TITLE STREET ADDRESS DITY-ST-ZIP MIAMI FL 33015 STREET ADDRESS DITY-ST-ZIP DELETE 41 TITLE MAKE STREET ADDRESS DITY-ST-ZIP MAKE STREET ADDRESS DITY-ST-ZIP MAKE STREET ADDRESS DITY-ST-ZIP DELETE 41 TITLE MAKE STREET ADDRESS DITY-ST-ZIP MAKE STREET ADDRESS DITY-ST-ZIP DELETE 51 TITLE MAKE STREET ADDRESS DITY-ST-ZIP DELETE 52 MAKE STREET ADDRESS DITY-ST-ZIP DELETE 53 STREET ADDRESS DITY-ST-ZIP MAKE STREET ADDRESS DITY-ST-ZIP DELETE 51 TITLE MAKE STREET ADDRESS DITY-ST-ZIP DELETE 51 TITLE MAKE STREET ADDRESS DITY-ST-ZIP DELETE 51 TITLE MAKE STREET ADDRESS DITY-ST-ZIP DELETE 61 TITLE MAKE STREET ADDRESS DELETE 62 MAKE 63 STREET ADDRESS DELETE 64 TITLE MAKE STREET ADDRESS DELETE GO TITLE MAKE S			T DEFEIF				L Change	☐ Addition
CITY-ST-ZIP MIAMI FL 33015 TITLE VD SIDDIG, AMIN 19141 NORTHWEST 77TH COURT 2.8 SIRECT ADDRESS CITY-ST-ZIP MIAMI FL 33015 TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 SIRECT ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 5.1 TITLE DELETE Change Addition	1		OALIDT	1.2 NAME				
TITLE SIDDIG, AMIN 19141 NORTHWEST 77TH COURT 22 NAME 22 NAME 19141 NORTHWEST 77TH COURT 23 STREET ADDRESS ONLY-ST-ZIP MIAMI FL 33015 2 4 CITY-ST-ZIP	•		COURT	1.3 STREE	T ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE 3.4 LITTLE 3.5 NAME 3.5 STREET ADDRESS CITY-ST-ZIP TITLE 3.6 LITTLE 3.7 NAME 3.8 STREET ADDRESS CITY-ST-ZIP TITLE 3.7 NAME 3.8 STREET ADDRESS CITY-ST-ZIP TITLE 3.8 4.8 STREET ADDRESS CITY-ST-ZIP TITLE 5.8 STREET ADDRESS CITY-ST-ZI			Dr. Pre		ST-ZIP	·		
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.3 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME 4.2 MAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 5.4 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE	1		☐ DELET E	1			L.J. Change	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME A STREET ADDRESS CITY-ST-ZIP CHANGE A STREET ADDRESS CITY-ST-ZIP CHANGE A STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE ADDRESS ADDRE	- 1	10144 NORTHWEST TITLE COURT						
TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.4 NAME 5.5 NAM	1		JOURI	2.3 STREE	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP Addition Addit		MIAMI PL 33015	The ere		ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE Change Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition Add			L DELETE	•			LI Change	☐ Addition
CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAddition NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE Addition AMME STREET ADDRESS CITY-ST-ZIP 6.4 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								
TITLE NAME A. 2 NAME A. 2 NAME A. 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 14. I 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 roport 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	STREET ADDRESS	•		3.3 STREE	F ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP 1.1 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 he 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	CITY-ST-ZIP		I perete		ST-ZIP			
STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP DELETE 6.1 TITLE DELETE 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 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			TT DESTRIE				∟ Change	∟ Addition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. 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								
TITLE DELETE 51 TITLE Change Addition								
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME 8.3 STREET ADDRESS CITY-ST-ZIP 1.1 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		- 	T DOLETE		ST-ZIP		Obere-	A autota
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition 6.2 NAME 8.3 STREET ADDRESS CITY-ST-ZIP 14. 1 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	}		☐ DELETE				∐ Change	L. Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS 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								
TITLE DELETE 61 TITLE Change Addition	· .						•	
NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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; 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			Incirte	_	ST - ZIP			4.439%
STREET ADDRESS 6.4 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			☐ DETEME				Change	LJ Addition
6.4 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								
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	STREET ADDRESS				1			
indicated on this annual report of 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	CITY-ST-ZIP	adfithat the information according	with this filing stars and a soul of			Control 140 07(0)(8) Et al. (1)		1-4
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	indicated o	on this annual report or supplement	tal annual report is true and acc	curate and th	at mv signat	ture shall have the same legal effect as if made.	under path: tha	atlam an I
	officer or d	lirector of the corporation or the reg	ceiver or trustee empowered to	execute this	report as red	quired by Chapter 607, Florida Statutes; and the	at my name app	pears in