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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90015 047 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000040787 1. Corporation Name

STREET ADDRESS

SIGNATURE:

AMERICAN POOLS OF ST. LUCIE, INC.

							iil <b>o o</b> alli <b>es</b> lii <b>es</b> i		1110 HW (11		Į.
Principal Plac	e of Business	Mailing Address						.,	21217 22171 122	.,	•
831 SW MCCO		831 SW MCCOY AVE				,					
PORT ST LUCI	E FL 34953	PORT ST LUCIE FL 34	ORT ST LUCIE FL 34953			DO NOT WRITE IN THIS SPACE					
•	•					3. Date Incorporate			-		$\neg$
				•		05/06/1996					Ì
2 Principal P	Place of Business	2a. Mailing Address				4. FEI Number		•	1 4	pplied For	$\dashv$
	·	26		٠.		65-0675473	••			lot Applicat	nle
Suite, Apt.	# etc	Suite, Apt. #, etc.								Additional	
22		27				5. Certifcate of Stat	us Desired	-		Required	
City & Stat	te	City & State				6. Election Campai	n Financing		\$5.00	May Be	
23		28			-	Trust Fund Contr				to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation	owes the curre	ent vear In	tangible		
24	25	29	30			Personal Propert		,	Ves	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Addr	ess of New R	egistered	Agent		
		1 - 1 -		81	Name						
,, CȘE	AK, ROBERT			82	Street Addre	ess (P.O. Box Number i	c Not Accenta	ble)			
	SW MCCOY AVE			62	Olicel Addie	Saa (I .O. DOX HUMDOI I	o Hot Accepte				.,
POR	IT ST LUCIE FL 34953			83			1. 计图像设施	1 (Ell 19-)	Sit I family to	3141173313	
				24	0.4	- 18 <sup>-18-1</sup> - 1		ंद्र (क्रीस-विकेटी राजनीयार स्थाप	Star Charles	Code	
				84	City			FL	85 Zip	Code	
		00 10071500 51 1 5				oration submits this stat	ement for the	purpose o	f changing it	s registere	
.11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	itatutes, the a	bove-r	named corpo	oranon babilino and blac					d
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State and familiar with and accept the oblig	e of Florida. Such change w eatiens of Section 607 0505	itatutes, the a vas authorized Elorida Stati	bove-r Ibyth ⊔tes	named corpo ne corporation	n's board of directors. I	hereby accep	t the appo	intment as r	egistered	d ·
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State and familiar with, and accept the oblig	e of Florida. Such change w lations of, Section 607.0505	tatutes, the a vas authorized i, Florida Stat	bove-r I by th utes.	named corpo ne corporation	n's board of directors. I	hereby accep	it the appo	intment as r	egistered	d ·
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the State an familiar with, and acrept the oblig Signature, typed of printed name of registered ag	e of Florida. Such change w patiens of, Section 607.0505	vas authorized i, Florida Stati	l by th utes.	ie corporatioi	n's board of directors. I	hereby accep	t the appo	Intment as r	egistered	d ·
office or r agent. I a	registered agent, or both, in the State an familiar with, and acrept the oblig Signature, when or printed name of registered ag	e of Florida. Such change w patiens of, Section 607.0505	vas authorized i, Florida Stati	l by th utes.	ie corporatioi	n's board of directors. I	hereby accep	DATE	99	egistered	
office of r agent. I a SIGNATURE	registered agent, or both, in the State an familiar with, and acrept the oblig Signature, when or printed name of registered ag	e of Florida. Such change w attems of, Section 607.0505 pent and title if applicable.	vas authorized , Florida Stati (NOTE: Registered	l by th utes.	ie corporatioi	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	99	ORS IN 12	•
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State an familiar with, and acrept the oblig Signature, pred of printed name of registered ag	e of Florida. Auch change w patiens of, Section 607.0505 pent and title if applicable. ( ND DIRECTORS	vas authorized , Florida Stati (NOTE: Registered	Agents	ie corporatioi	in's board of directors. If $\mathbf{I}$ when reinstating) $\mathbf{I}_{i_1} \oplus \mathbf{I}_{i_2} \oplus \mathbf{I}_{i_3} \oplus \mathbf{I}_{i_4} \oplus \mathbf{I}_{i_5} \oplus I$	hereby accep	DATE	MD DIRECT	ORS IN 12	•
office or ragent. I a SIGNATURE 12.	registered agent, or both, in the State an familiar with, and accept the oblig Signature, when of printed name of registered agency OFFICERS A POD CSEAK, ROBERT	e of Florida. Auch change w patiens of, Section 607.0505 pent and title if applicable. ( ND DIRECTORS	(NOTE: Registered  T3.  E 1.1 TI	Agent si	ie corporatioi	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT	ORS IN 12	•
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed of pintied name of registered ag OFFICERS A POD CSEAK, ROBERT	e of Florida. Auch change w patiens of, Section 607.0505 pent and title if applicable. ( ND DIRECTORS	(NOTE: Registered  (NOTE: Registered  13.  1.1 TI  1.2 N/ 1.3 SI	Agent si	DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT	ORS IN 12	•
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, tyled of pinted name of registered ag OFFICERS A POD CSEAK, ROBERT 831 SW MCCOY AVE.	e of Florida. Auch change w patiens of, Section 607.0505 pent and title if applicable. ( ND DIRECTORS	(NOTE: Registered  (NOTE: Registered  13.  E 1.1 TI  1.2 N/  1.3 ST  1.4 CI	Agent si	DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT	ORS IN 12	ition
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida, Such change w patients of, Section 607.0505 lent and title if applicable. ( ND DIRECTORS	(NOTE: Registered 13. E 1.1 TT 1.2 N/ 1.3 ST 1.4 CI	Agent si	DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT ☐ Change	ORS IN 12	ition
office of agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida, Such change w patients of, Section 607.0505 lent and title if applicable. ( ND DIRECTORS	(NOTE: Registered    13.   13.     14.     14.     15.     15.     16.     17.     17.     18.     19.	Agent si  TLE  WE  TY-ST-Z  TLE	DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT ☐ Change	ORS IN 12	ition
office of agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida, Such change w patients of, Section 607.0505 lent and title if applicable. ( ND DIRECTORS	(NOTE: Registered  13. E 1.1 TI 12 NV 1.3 SI 1.4 CI E 2.1 TI 22 NV 2.3 SI	Agent si  TLE  WE  TY-ST-Z  TLE	DDRESS DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT ☐ Change	ORS IN 12	ition
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida, Such change w patients of, Section 607.0505 lent and title if applicable. ( ND DIRECTORS	(NOTE: Registered 13. E 1.1 Tr 12. N/ 1.3 ST 1.4 Cr 2.1 Tr 22. N/ 2.3 ST 2.4 Cr 4.4 Cr	Agent si  TLE  WE  TY-ST-Z  TLE  WE  TY-ST-Z  TLE  WE  TY-ST-Z  TLE	DDRESS DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	MD DIRECT ☐ Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patients of, Section 607.0505 pent and title if applicable. (ND DIRECTORS	(NOTE: Registered  13. E 1.1 TI 12 NV 1.3 SI E 2.1 TI 22 NV 2.3 SI 2.4 C	Agent si	DDRESS DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patients of, Section 607.0505 pent and title if applicable. (ND DIRECTORS	(NOTE: Registered  13. TE 1.1 TT 12 N/ 1.3 ST 1.4 CC  TE 2.1 TT 22 N/ 2.3 ST 2.4 CC  TE 3.1 TT 3.2 N/ 3.2 N/ 3.2 N/ 3.2 N/ 3.2 TT 3.2 N/ 3.2 N/ 3.2 N/ 3.2 TT 3.2 N/ 3.2 N/ 3.3 TT 3.2 N/ 3.2 N/ 3.3 TT 3.2 N/ 3.3 TT 3.2 N/	Agent si TLE WE REET AG TY-ST-Z FLE WE REET AG TY-ST-Z FLE WE TY-ST-Z FLE WE TY-ST-Z FLE WME	DDRESS DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patients of, Section 607.0505 pent and title if applicable. (ND DIRECTORS	(NOTE: Registered  13.  TE 1.1 TT 12 N/ 1.3 ST 1.4 CT 22 N/ 2.3 ST 2.4 CT E 3.1 TT 32 N/ 33 ST 34 ST 35 ST 3	Agent si  Agent si  LE  LE  REET AL  TY-ST-Z  LE  REET AL  TY-ST-Z  LE  REET AL	DDRESS ZIP DDRESS ZIP DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patients of, Section 607.0505 pent and title if applicable. (ND DIRECTORS	(NOTE: Registered 13. E 1.1 TI 12.NV 1.3 SI 1.4 CI E 2.1 TI 22.NV 2.3 SI 2.4 C E 3.1 TI 32.NV 3.3 SI 3.4. C	Agent si  Agent si  ILE  ME  REET AL  TY-ST-Z  ILE  ME  REET AL  TY-ST-Z  LE  ME  REET AL  TY-ST-Z  LE  ME	DDRESS ZIP DDRESS ZIP DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Shnature, when or pinned name of registered agent of POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patiens of, Section 607.0505  pent and title if applicable.  ND DIRECTORS  DELET  DELET	(NOTE: Registered 13. E 1.1 TI 12.NV 1.3 SI 1.4 CI E 2.1 TI 22.NV 2.3 SI 2.4 C E 3.1 TI 32.NV 3.3 SI 3.4. C	Agent si  LE  REET AG  REET AG  TY-ST-2  FLE  MME  REET AG  TY-ST-1  FLE  MME  REET AG  TY-ST-1  FLE  MME  REET AG  TY-ST-1  FLE  TY-ST-1  FLE  TY-ST-1  FLE  TY-ST-1  FLE  TY-ST-1  FLE  TY-ST-1	DDRESS ZIP DDRESS ZIP DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patiens of, Section 607.0505  pent and title if applicable.  ND DIRECTORS  DELET  DELET	(NOTE: Registered  13.  TE 1.1 TT 12 NV 1.3 ST 1.4 CT 1.7 TT 1.2 NV 1.3 ST 1.4 CT 1.7 TT 1.2 NV 1.3 ST 1.4 CT 1.7 TT 1.7	Agent si  Agent si  Agent si  REET AG  TY-ST-2  FLE  ME  REET AG  TY-ST-2  FLE  ME  REET AG  TY-ST-2  FLE  AME  REET AG  AME  AME	DDRESS ZIP DDRESS ZIP DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patiens of, Section 607.0505  pent and title if applicable.  ND DIRECTORS  DELET  DELET	(NOTE: Registered (NOTE: Registered (NOTE: Registered 13. TE 1.1 TT 12.NV 1.3 ST 1.4 CT 1.7 TT 1.2 TT 1.4 CT 1.7 TT 1.4 CT 1.7 TT 1.7 T	Agent si  Agent si  LE  ME  REET AI  ITY-ST-Z  FLE  REET AI  ITY-ST-Z  LE  REET AI	DDRESS ZIP DDRESS ZIP DDRESS ZIP	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12	tion
office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change w patiens of, Section 607.0505  pent and title if applicable.  ND DIRECTORS  DELET  DELET	(NOTE: Registered 13. Tell 12 N/ 1.3 ST 14 CC 12 TF 22 N/ 2.3 ST 2.4 CC E 3.1 TF 3.2 N/ 3.3 ST 3.4 CC E 4.1 TF 4.2 N/ 4.3 ST 4.4 CC 14 CC 15 CC 15 CC 16 CC	Agent si Agent si Agent si Agent si LLE REET AG TY-ST-2 FILE ME REET AG TY-ST-1 FILE AME REET AG REET AG TY-ST-2 FILE AME REET AG TY-ST-2 FILE REET AG TY-ST-2 FILE REET AG TY-ST-2 FILE REET AG TY-ST-2 FILE REET AG TY-ST-2	DDRESS ZIP DDRESS ZIP DDRESS ZIP	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12  Add  Add	tion .
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE NAME TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change we patients of, Section 607.0505  pent and title if applicable.  IND DIRECTORS  DELET  DELET  DELET	(NOTE: Registered (NOTE: Registered 13. TE 1.1 TT 12 N/ 1.3 ST 1.4 CC TE 2.1 TT 22 N/ 2.3 ST 2.4 CC TE 3.1 TT 32 N/ 33 ST 3.4 CC TE 4.1 TT 4.2 N/ 4.3 ST 4.4 CC	Agent si Age	DDRESS ZIP DDRESS ZIP DDRESS ZIP	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12  Add  Add	tion .
office of agent. I a SIGNATURE  12.  117.  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change we patients of, Section 607.0505  pent and title if applicable.  IND DIRECTORS  DELET  DELET  DELET	(NOTE: Registered  13.  TE 1.1 TT  1.2 NV  1.3 ST  1.4 CT  2.2 NV  2.3 ST  2.4 CT  TE 3.1 TT  3.2 NV  3.3 ST  3.4 CT  4.2 NV  4.3 ST  4.4 CT  E 5.1 TT  5.2 NV	Agent si Age	DDRESS ZIP DDRESS ZIP DDRESS ZIP	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12  Add  Add	tion .
office of agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change we patients of, Section 607.0505  pent and title if applicable.  IND DIRECTORS  DELET  DELET  DELET	(NOTE: Registered  Ta.  (NOTE: Registered  Ta.  Ta.  Ta.  Ta.  Ta.  Ta.  Ta.  Ta	Agent si Age	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	n's board of directors. I when reinstating)(; ; (55; ; ) ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12  Add  Add	tion .
office of agent. I a SIGNATURE  12.  117.  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Standure, Med of printed name of registered agent CERS A POD CSEAK, ROBERT 831 SW MCCOY AVE. PORT ST. LUCIE FL 34953	e of Florida. Such change we patients of, Section 607.0505  pent and title if applicable.  IND DIRECTORS  DELET  DELET  DELET	(NOTE: Registered (NOTE: Regis	Agent si Age	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	i when reinstating).  ADDITIONS/CHAI	hereby accep	DATE	ND DIRECT Change	ORS IN 12  Add  Add	tion

6.3 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 provides the 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 attaching it with an address, with all other like empowered.