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 # P96000078546 1. Corporation Name

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90044 029 ***150.00

CAFE A	VLA' CAF	ITE CORPORATION					
n · ·						F CONTROL TO THE TOTAL CONTROL	
100	, 1						
Principal Pla	ce of Busin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mailing Address				
589 SLIPPERY			-	ın.		· · · · · · · · · · · · · · · · · · ·	
WESTON FL 3		1	589 SLIPPERY ROCK R WESTON FL 33327	טו		・ 「最初」 / 2月1日 10月1日 10月1	
			1101011 12 03021			DO NOT WRITE IN THIS SPACE	
ļ						3. Date Incorporated or Qualifed	\neg
						09/20/1996	-
2. Principal I	Place of Bu	siness	2a. Mailing Address		·	4. FEI Number Applied For	4
21		<u> </u>	26			or organical to	4
Suite, Apt	i. #, etc.	F	Suite, Apt. #, etc.			65-0702568 Not Applicable \$8.75 Additional	4
22			27			5. Certificate of Status Desired Fee Required	
City & Sta	ite :		City & State				4
23		5	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip		Country	Zip	Count	DV	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	-
24	:	25	29	30	.,	8. This corporation owes the current year Intangible Personal Property Tax. □ Ves □ No	
	9. Nan	e and Address of Currer		<u> 30 </u>		Personal Property Tax. 10. Name and Address of New Registered Agent	4
125				8	1 Name		4
		MINICK G JR		L			ĺ
589	SLIPPER	ROCK RD		8	2 Street A	t Address (P.O. Box Number is Not Acceptable)	1
WES	STON FL	3327		<u> </u>		area are all a second and a second and a second area area and a second area area.	↲
2.11				8:	3	· · · · · · · · · · · · · · · · · · ·	1
17.4	1 11		=	8	4 City	# 日本語 Rest	
41. 41.	. 1	8 If the PRINCE S		} O4		Service Servic	1
		HAME WE'L		ĺ	- 7		1
11. Pursuant	to the prov	sions of Sections 607.050	2 and 607.1508, Florida Sta	ĺ	- 7	d corporation submits this statement for the purpose of changing its registered	-
11. Pursuant office or agent. I a	to the prov registered a am familiar,	sions of Sections 607.050 gent, or both, in the State with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change was tions of, Section 607.0505, I	ĺ	- 7	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	1
		sions of Sections 607.050 gent, or both, in the State with, and accept the obliga	2 and 607.1508, Florida Sta of Florida. Such change was tions of, Section 607.0505, I	ĺ	- 7	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
11. Pursuant office or agent. I a		sions of Sections 607.050 gent, or both, in the State with, and accept the obliga d or printed name of registered eger		tutes, the abors authorized by Florida Statute	ve-named o y the corpo	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, type	d or printed name of registered ager		tutes, the abors authorized by Florida Statute	ve-named o y the corpo	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	-
SIGNATURE	Signature, type	d or printed name of registered ager OFFICERS AN	nt and title if applicable. (NC	stutes, the about a suthorized by Florida Statute	ve-named of the corpores.	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered are under the purpose of changing its registered are under the purpose of ch	
SIGNATURE	P FIMIANO	or printed name of registered eger OFFICERS AN	nt and title if applicable. (NO	stutes, the above a suthorized by Florida Statute OTE: Registered Age	ve-named of the corpositions.	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered required when reinstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	P FIMIANO	d or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	otutes, the abors authorized by Florida Statute DTE: Registered Agr 13. 1.1 TITLE 1.2 NAME	ve-named of the corpositions.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME	P FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN	nt and title if applicable. (NO	otutes, the abors authorized by Florida Statute TE: Registered Agord 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ve-named of the corpors. ent signature re	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS	P FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD	nt and title if applicable. (NO	otutes, the abors authorized by Florida Statute DTE: Registered Agr 13. 1.1 TITLE 1.2 NAME	ve-named of the corpors. ent signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANO 589 SLIF WESTOI VP	OFFICERS AN	nt and title if applicable. (NO	tutes, the abors authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ve-named of y the corpo is. ent signature re	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P FIMIANO 589 SLIF WESTOI VP FIMIANO	OFFICERS AN	nt and title if applicable. (NO	tutes, the abors authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.4 CITY- 2.1 TITLE 2.2 NAME	ve-named of yithe corpose. ent signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NO	tutes, the above s authorized by Florida Statute TE: Registered Agreement A	ve-named of yithe corpo is. ent signature re ET ADDRESS ST- ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NC ID DIRECTORS DELETE DELETE	tutes, the abors authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ve-named of yithe corpo is. ent signature re ET ADDRESS ST- ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NO	tutes, the abors authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ve-named of yithe corpo is. ent signature re ET ADDRESS ST- ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NC ID DIRECTORS DELETE DELETE	tutes, the aboves a authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ve-named of the corposis. ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NC ID DIRECTORS DELETE DELETE	tutes, the aboves a authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ve-named of the corpo is. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE	tutes, the aboves a authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ve-named of the corpo is. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NC ID DIRECTORS DELETE DELETE	tutes, the aboves a authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ve-named of the corpo is. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
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	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	OFFICERS AN	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE	tutes, the aboves a authorized by Florida Statute TE: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	ve-named of the corpo is. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE	tutes, the above sauthorized by Florida Statute TE: Registered Agreement and the sauthorized by 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ve-named of the corpo is. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute TE: Registered Agreement and the sauthorized by 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	ve-named of the corposis. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE	tutes, the above sauthorized by Florida Statute T13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	ve-named of the corposis. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute TE: Registered Agrant Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.5 STREE 4.5 STREE 4.4 CITY- 4.5 STREE	ve-named of the corposis. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ve-named of the corposis. ent signature re ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P FIMIANO 589 SLIF WESTON VP FIMIANO 589 SLIF	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ve-named of the corposis. ent signature reserved in the corposis i	Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P FIMIANO 589 SLII WESTOI VP FIMIANO 589 SLII WESTOI	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	nt and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.4 STREE 5.5 STREE 5.3 STREE 5.3 STREE 5.3 STREE	ve-named of the corposis. ent signature reserved in the corposis i	Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIMIANC 589 SLIF WESTON VP FIMIANC 589 SLIF WESTON	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	It and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.3 STREE 5.4 CITY-S	ve-named of the corposis. ent signature reserved in the corposis i	Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P FIMIANO 589 SLII WESTOI VP FIMIANO 589 SLII WESTOI	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	It and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ve-named of the corposis. ent signature research s	Change Addition Change Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P FIMIANO 589 SLII WESTOI VP FIMIANO 589 SLII WESTOI	or printed name of registered eger OFFICERS AN DOMINICK PERY ROCK RD FL 33327 BONNIE PERY ROCK RD FL 33327	It and title if applicable. (NO ID DIRECTORS DELETE DELETE DELETE DELETE	tutes, the above sauthorized by Florida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ve-named of the corposis. ET ADDRESS ST-ZIP T ADDRESS ST-ZIP	Change Addition Change Addition	

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 or an attachment with an address, with all other like empowered.

SIGNATURE: