	PROFIT		FLORIDA DEPAR	TMENT OF STATE	Anr	17 199)8 8.(DOar
	PORATION IAL REPORT			. Mortham v of State	-			
-	1998	Contract of		ORPORATIONS		ecretary	015	lale
	MENT # F	96000087	799 (8)					
LOWIN	CIVI ENFRISES,	1140.						
Principal Place of Business Mailing Address 18200-102 WAY SOUTH 18200-102 WAY SOUTH BOCA RATON FL 33498 BOCA RATON FL 33498						affit malit Maffi Anti Malat I	1011) 10011 10010 1011	
BOCA HATON	I FL 33496	BOX	A KATON FL 33496		3. Date Incorporated	O NOT WRITE IN THI or Qualified	IS SPACE	
Principal O	non of Pupinons	2. 4	failing Address		10/23/1996 4. FEI Lumber			plied For
ィー Principal Pi	ace of Business	C+ 20	4cz L	iberty Ct	6 07 15327			t Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.		5. Cer ate of Statu	us Desired	\$8.75 A Fee Re	
City & State	Aeld Bea		teer fould	Beach	FZ 6. Election Campaig Trust Fund Contrib	oution	\$5.00 Added t	o Fees
	5447 25 B	roward. 29	33442	Country 30 Browg/		Tax due June 30.	Yes [angible No
		ress of Current Register	red Agent	81 Name	10. Name and Addre	ss of New Registere	od Agent	
	WRY, PATRICIA 200-102 WAY SOUT	н			Harris (D.O. Day Mumber in	Not Assessable)		
	CA RATON FL 334			62 Street A	ddress (P.O. Box Number is			
				60				
				83	•			
				83 84 City	erful B	reach F	L 85 Zip (3442
office or r	enistered agent, or bo	ith in the State of Florida.	 Such change was a 	84 City as, the above-named of uthorized by the corp	DEFFICE B corporation submits this state pration's board of directors.	ment for the purpose	•L 3	s registered registered
office or re agent. I ai SIGNATURE	egistered agent, or bo m familiar with, and ac	th, in the State of Florida scept the obligations of, S	Such change was a Section 607.0505, Flo	84 City as, the above-named of uthorized by the corp	porporation submits this state pration's board of directors.	ment for the purpose	• L 3 • of changing it appointment as	s registered
office or re agent. I ai SIGNATURE	egistered agent, or bo m familiar with, and ac Signature, typed or printed nai	ith in the State of Florida.	. Such change was a Section 607.0505, Flo	84 City as, the above-named of uthorized by the corp rida Statutes.	porporation submits this state pration's board of directors. equired when reinslating)	ement for the purpose I hereby accept the a	C > of changing it appointment as	S IN 12
office or re agent. I al SIGNATURE	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D	In, in the State of Florida scept the obligations of, S me of registured agent and life if a OFFICERS AND DIRECT	. Such change was a Section 607.0505, Flo	84 City 355, the above-named of uthorized by the corp vrida Statutes. Registered Agent signature i 13. 1.1 TifLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	C Anaging it appointment as	S IN 12
office or re agent. I at SIGNATURE 12. TITLE NAME	egistered agent, or bo m familiar with, and ac signature, typed or printed na D LOWRY, PATRIC	ith, in the State of Florida scept the obligations of S me of repistured againt and little if a OFFICERS AND DIRECT IA	. Such change was a Section 607.0505, Flo mplicable (NOTE ORS	B4 City B4 City B5, the above-named o uthorized by the corp rida Statutes. Fogislered Agent signature r 13. 1.1 TifLE 12 NAME	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	C Anaging it appointment as	S IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	. Such change was a Section 607.0505, Flo mplicable (NOTE ORS	84 City as, the above-named outhorized by the corporida Statutes. Iterational corporation of the corporation o	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	C Anaging it appointment as	S IN 12
office or re agent. I at SIGNATURE 12. TITLE NAME	egistered agent, or bo m familiar with, and ac signature, typed or printed na D LOWRY, PATRIC	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	. Such change was a Section 607.0505, Flo mplicable (NOTE ORS	B4 City B4 City B5, the above-named o uthorized by the corp rida Statutes. Fogislered Agent signature r 13. 1.1 TifLE 12 NAME	porporation submits this state pration's board of directors. equired when reinslating)	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	C Anaging it appointment as	S IN 12 Addition
office or r agent. I a SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	B4 City B5, the above-named of uthorized by the corp rida Statutes. Registered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Policitary in the second secon	S IN 12 Addition
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 95, the above-named o uthorized by the corp rida Statutes. Registered Agent signature i 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Policitary in the second secon	S IN 12 Addition 3 44 2
office or r agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Jas, the above-named of uthorized by the corported statutes. 1 Registered Agent signature of 13. 1 1.1 TITLE 1 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 2.1 TITLE 2 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	L 3 e of changing it appointment as ND DIRECTOR Change FL 3 Change	S IN 12 Addition
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 35, the above-named of utto right by the corporida Statutes. Tegislered Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 OITY-ST-ZIP 3.1 TITLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Policitary in the second secon	S IN 12 Addition
office or rr agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 25. the above-named of the corported by the corported Statutes. Transformed a Agent signature of the corported Agent sis and th	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	L 3 e of changing it appointment as ND DIRECTOR Change FL 3 Change	S IN 12 Addilio 3 444 2 Additio
office or r agent. I al SIGNATURE 12. 117LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Bignature typed or printed na Bignature typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Bs, the above-named of uthorized by the corporida Statutes. 1 Fegistered Agent signature of 13. 1 1.1 TifLE 1 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 2.1 TIFLE 2 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	L 3 e of changing it appointment as ND DIRECTOR Change FL 3 Change	S IN 12 Addition
office or r 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	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 25. the above-named of the corported by the corported Statutes. Transformed a Agent signature of the corported Agent sis and th	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	L 3 e of changing it appointment as ND DIRECTOR Change FL 3 Change	S IN 12 Addilio Additio
office or r agent. I al SIGNATURE 12. 117LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City B5, the above-named of the corported by the corported Statutes. Fregistered Agent signature of the corported Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Addilio Additio
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City B5, the above-named of uthorized by the corporida Statutes. Fegislered Agent signature if 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STAEET ADDRESS 2.4 CITY-ST-ZIP 3.3 TIFLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Additio
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City ass, the above-named of uthorized by the corporida Statutes. The corporation of t	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change Change Change Change Change Change Change Change	S IN 12 Additio
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 35, the above-named of uthorized by the corporida Statutes. Fegislered Agent signature r 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Addilio 3 4/4 ≥ Addilio Additio
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 35, the above-named of uthorized by the corporida Statutes. Fegislered Agent signature it 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.3 TIFLE 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change Change Change Change Change Change Change Change	S IN 12 Additio
office or r agent. I al SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City 35, the above-named of utthorized by the corporida Statutes. 13. 11.1 11.1 12. NAME 1.3. STREET ADDRESS 1.4. CITY-ST-ZIP 2.1.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4. CITY-ST-ZIP 3.1.1 3.3. STREET ADDRESS 2.4. CITY-ST-ZIP 3.1.1 3.2 NAME 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 1.1 4.2 1.1 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 3.3. STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 1.3. STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 4.3. STREET ADDRESS 4.4. CITY-ST-ZIP 5.1 5.1 5.1 5.1	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change Change Change Change Change Change Change Change	S IN 12 Addilio 3 4/4 ≥ Addilio Additio
office or r agent. I al 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 CITY-ST-ZIP TITLE NAME	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Bis, the above-named of uthorized by the corported Statutes. Fregistered Agent signature in 13. 1.1 IfTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Addilio Additio
office or r agent. I al 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Bis, the above-named of tuthorized by the corported Statutes. 13. 1.1 IffLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 5.1 TIFLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change Change Change Change Change Change Change Change	S IN 12 Addilio Additio
office or r agent. I al 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or bo m familiar with, and ac Signature, typed or printed na D LOWRY, PATRIC 18200 - 102 WA	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Bis, the above-named of utthorized by the corported Statutes. Image: City of the corported Statutes. 13. 1.1 IfILE 12. NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TIFLE 2.3 STAEET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 6.2 NAME	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Addition
office or r agent. I al 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or bo m familiar with, and ac Signature typed or printed na D LOWRY, PATRIC 18200 - 102 WA BOCA RATON F	th, in the State of Florida scept the obligations of, S me of registered agent and lifte if a OFFICERS AND DIRECT IA Y SOUTH	Such change was a Section 607.0505, Flo	84 City Bis, the above-named of tuthorized by the corported Statutes. 13. 1.1 IffLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TIFLE 5.1 TIFLE	porporation submits this state pration's board of directors equired when reinslating) ADDITIONS/CHAN	ment for the purpose I hereby accept the a DATE GES TO OFFICERS A	Change	S IN 12 Addition