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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine-Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90015 047 ***150.00

| DOCUMENT # P 960000 93 4 48 | | | | 03-04-1999 | | 50.00 | |
|--|--|---|---|---|--|----------------------------------|---|
| 1. Corporation | on Name FINALCO | AFFILIATES II, | - 1- | | | | |
| · | FINANCIAL | PIPILIAIES IL, | INC. | | | | |
| } | | | | | | | |
| | | | | 475534 - 9 | 0015 - 47 4 * | , | |
| Principal Plac | ce of Business | Mailing Address | | | | | |
| - micipai riac | de di Dusiness | Maning Address | | | | | |
| | , . | - | | | | | |
| | 649 WOODBRIDG | e Daud | | , DO NOT WRIT | E IN THIS SPACE | | |
| | | C PAICE | | 3. Date Incorporated or Qualifed | | | 1 |
| | MEL BOURNE 1- F. | LORIDA 329 | 10 | | | | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For | 1 |
| 21 309 | 5 S. HWY AIA | 26 3095 5. Hu | JY AIA | | | Not Applicable |] |
| Suite, Apt. | t. #, etc. | Suite, Apt. # etc. | | 5. Certifcate of Status Desired | \$8.79 | Additional | |
| 22 | <i>H</i> | 27 # | | J. Octubate of Glates Desired | Fee | Required | 1 |
| City & Sta | | City & State | 4 . 1 . | 6. Election Campaign Financing | □ \$5.0 | 0 May Be | |
| 23 MR/K | DOURNE BEACH, FL | 28 Melbourn | e beach, I | Trust Fund Contribution | Adde | d to Fees | 1 |
| 'Zip | Country | Zip | Country | 8. This corporation owes the curre | · <u></u> | | |
| 24 379 5 | 21-21- | 29 3295/ | 30 BREVARI | | ☐ Yes | □No | - |
| | 9. Name and Address of Current | Registered Agent | 94 Norse | 10. Name and Address of New R | egistered Agent | | ┨ |
| | • | | 81 Name | | | | |
| | | | 82 Street A | ddress (P.O. Box Number is Not Acceptal | ole) | | 1 |
| | | | 83 | | | | - |
| | | | 63 | `. | | | |
| • | • | | 84 City | | FL 85 Zi | p Code |] |
| 11 Dureuant | t to the provisions of Sections 607 (1503 | and 607 1508 Florida Statut | es the shove named o | orporation submits this statement for the p | | its registered | ┨ |
| office or i | registered agent, or both, in the State of | of Florida Such change was a | uthorized by the comor | ation's board of directors. Thereby accept | the appointment as | registered | |
| 000 01 . | | A FIDINGS. OBOIT CHAINGS WAS A | dilionized by the corpor | шин и шин и шин и шин и и и и и и и и и | | _ | 1 |
| | 11 57. 10.1 | ions of, Section 607.0505, Flo | rida Statutes. | ation's board of directors. I hereby accept | | - | |
| agent. I a | V Sufal | | 1 | • | 4-12-99 | | |
| | 11 57. 10.1 | and title if applicable. (NOTE | rida Statutes. | • | 7-/2-99 DATE | | 1 6 |
| SIGNATURE | Signature, typed or printed name of regregated agent OFFICERS ANI | and title if applicable. (NOTE | \ : Registered Agent signature req | juired when reinstating) ADDITIONS/CHANGES TO OFF | 7-/2-99 DATE | TORS IN 12 | 100,42 |
| SIGNATURE | Signature, typed or printed name of estappined agent OFFIGERS ANI DIRECTOR | and title if applicable. (NOTE D DIRECTORS | Registered Agent signature req | uired when reinstating) ADDITIONS/CHANGES TO OFF DIRE CTOR | 7-/Z- 9 9 DATE ICERS AND DIREC T Chang | TORS IN 12 | (44,00) |
| SIGNATURE 12. | Signature, typed or printed name of experied agent OFFICERS AND DIRECTOR KEITH H. DUSEN by | and title if applicable. (NOTE D DIRECTORS DELETE RRY | Registered Agent signature req | uired when reinstating) ADDITIONS/CHANGES TO OFF DIRE CTOR | 7-/Z- 9 9 DATE ICERS AND DIREC T Chang | TORS IN 12 | 1001 (44 100) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be | and title if applicable. (NOTE D DIRECTORS DELETE RRY OR. | Registered Agent signature req 13. 1.1 TITLE = 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-/Z- 99 DATE ICERS AND DIREC (Y) Chang | TORS IN 12 | 144 (00) |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of experied agent OFFICERS AND DIRECTOR KEITH H. DUSEN by | and title if applicable. (NOTE D DIRECTORS DELETE RRY OR. | Registered Agent signature req 13. 1.1 TITLE = 1.2 NAME 1.3 STREET ADDRESS | uired when reinstating) ADDITIONS/CHANGES TO OFF DIRE CTOR | H-/Z- 99 DATE ICERS AND DIREC (Y) Chang | FORS IN 12 e Addition | 00001000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be | and title if applicable. (NOTE D DIRECTORS DELETE SRRY OR. 32940 | Registered Agent signature req 13. 1.1 TITLE = 1.2 NAME - 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-/Z- 99 DATE ICERS AND DIREC TO Chang | FORS IN 12 e Addition | 7007477 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of estimated agent OFFICIERS AND DIRECTOR KEITH H. DUSEN DE 649 WOOD BRIDGE L. MEIBOURNE GEACH, F.C. | and title if applicable. (NOTE D DIRECTORS DELETE SRRY OR. 32940 | Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-/Z- 99 DATE ICERS AND DIREC TO Chang | FORS IN 12 e Addition | 000000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed or printed name of estimated agent OFFICIERS AND DIRECTOR KEITH H. DUSEN DE 649 WOOD BRIDGE L. MEIBOURNE GEACH, F.C. | and title if applicable. (NOTE D DIRECTORS DELETE SRRY OR. 32940 | Registered Agent signature req 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-/Z- 99 DATE ICERS AND DIREC TO Chang | FORS IN 12 e Addition | 000000000000000000000000000000000000000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of estimated agent OFFICIERS AND DIRECTOR KEITH H. DUSEN DE 649 WOOD BRIDGE L. MEIBOURNE GEACH, F.C. | and title if applicable. (NOTE D DIRECTORS DELETE SRRY OR. 32940 | Registered Agent signature req 13. 1.1 TITLE = 1.2 NAME - 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-/Z- 99 DATE ICERS AND DIREC TO Chang | FORS IN 12 e Addition e Addition | 700000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of estimated agent OFFICIERS AND DIRECTOR KEITH H. DUSEN DE 649 WOOD BRIDGE L. MEIBOURNE GEACH, F.C. | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | Registered Agent signature req 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | DATE DATE ICERS AND DIRECTOR Chang | FORS IN 12 e Addition e Addition | 000000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | Signature, typed or printed name of experiend agent OFFIGERS ANI DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE GEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | DATE DATE ICERS AND DIRECTOR Chang | FORS IN 12 e Addition e Addition | 00145 |
| 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 | Signature, typed or printed name of experiend agent OFFIGERS ANI DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE GEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | DATE DATE ICERS AND DIRECTOR Chang | FORS IN 12 e Addition e Addition | 10000 10000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | Signature, typed or printed name of experiend agent OFFIGERS ANI DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE GEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | DATE DATE ICERS AND DIRECTOR Chang | FORS IN 12 e | 00000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE | Signature, typed or printed name of experiend agent OFFIGERS ANI DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE GEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-IZ- 99 DATE ICERS AND DIRECTOR Chang Chang | FORS IN 12 e | 1000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | Signature, typed of printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-IZ- 99 DATE ICERS AND DIRECTOR Chang Chang | FORS IN 12 e | 00,44,400 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed of printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-IZ- 99 DATE ICERS AND DIRECTOR Chang Chang | FORS IN 12 e | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed of printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE | 13. 1.1 TITLE 1 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 | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | H-IZ- 99 DATE ICERS AND DIRECTOR Chang Chang | FORS IN 12 e | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of printed name of experience agent OFFICIERS AND DIRECTOR KEITH H. DUSEN be 649 WOOD BRIDGE L MEIDOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 4.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | 100 TOOL |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature. Typed of printed name of experience agent OFFICERS AND DIRECTOR KEITH H. DUSEN by 649 WOOD BRIDGE G MEI BOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | 00,117,100,000 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature. Typed of printed name of experience agent OFFICERS AND DIRECTOR KEITH H. DUSEN by 649 WOOD BRIDGE G MEI BOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 13. 1.1 TITLE 1 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature. Typed of printed name of experience agent OFFICERS AND DIRECTOR KEITH H. DUSEN by 649 WOOD BRIDGE G MEI BOURNE BEACH, FO | and title if applicable. (NOTE D DIRECTORS DELETE ERRY OR DELETE DELETE DELETE | 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature. Typed of printed name of experience agent OFFICERS AND DIRECTOR KEITH H. DUSEN by 649 WOOD BRIDGE G MEI BOURNE BEACH, FO | and title if applicable. (NOTED DIRECTORS DELETE ERRY DR. 132940 DELETE DELETE | 13. 1.1 TITLE 1 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | (00 44) ACCTOO |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE | Signature, typed or printed name of estimated agent OFFIGERS ANI DIRECTOR KEITH H. DUSEN BE 649 WOOD BRIDGE LEMEL BOURNE BEACH, FL | and title if applicable. (NOTED DIRECTORS DELETE ERRY DR. 132940 DELETE DELETE | 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | ADDITIONS/CHANGES TO OFF DIRECTOR KEITH H. DUSEN BERRY 3095 S. HWY. AIA # A | Chang | FORS IN 12 e | COURT TOOLOGO |

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 of 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.

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 407-133-1928
Date Daytime Phone #