COR ANNU	PROFIT PORATION JAL REPORT 1997		FLORIDA DEPARTMENT (Sandra B. Morth Socretary of State DIVISION OF CORPOR		m	Apr 23 1997 Secretary of			
Principal Place O. BOX 6101 ARASOTA FL 3	e of Business	Maili P.O. E	809 (4) ing Address 80X 6101 SOTA FL 34278-6101						
		······				3. Date Incorporated or Qualified 11/21/1996			
2. Principal Pi	lace of Business	2a. M 26	Mailing Address			4. FEI Number		oplied For	
Sulte, Apt.	#, etc.	s s	Suite, Apt. #, etc.			 Certificate of Status Desired 	88.75	Additional equired	
2 City & State	9	27	City & State			6. Election Campaign Financing	\$5.00	May Be	
3 Zip	Country	28	7ip	Count	rv	Trust Fund Contribution 8. This corporation has liability fo		to Fees	
4	25	29		30		Florida Statutes	Yes No	. 199.032,	
KI EN	g, Name and Address o I, W. R	f Current Register	red Agent	8	1 Name	10. Name and Address of New R	legistered Agent		
1900	MAIN STREET, STE. 210)		8	2 Street Add	dress (P.O. Box Number is Not Accepte	able)		
6161									
Saka	SOTA FL 34236								
		607.0502 and 607	7.1508, Florida State	8	3 I4 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip	Code Is registered	
11. Pursuant 1 office or ri agent. I a SIGNATURE 12.	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named top OFFIC	4	applicable (NC	8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3 4 City by the corpora es. agent signature requ	poration submits this statement for the ation's board of directors. I hereby acc uired when roinstating) ADDITIONS/CHANGES TO OFF	FL 85 Zip purpose of changing i ept the appointment as 2/8/97	ts registered registered	
11. Pursuant 1 office or ri agent. I a SIGNATURE 12. TITLE NAME	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named rec OFFIC D KLYN, MATTHEW	gistered agent and tille if a	en; licable (NC ORS	8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3 4 City we-named cor by the corpora es. sgont signature requ	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as 2/8/97 ICERS AND DIRECTOR	ts registered registered	
11. Pursuant 1 office or ri agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	en; licable (NC ORS	B Ules, the abc s authorized Florida Statut DIL Registered A 13. 1.1 THE 1.2 NAM 1.3 STRE	3 4 City by the corpora os. spont signature required E E E ADDRESS	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as 2/8/97 ICERS AND DIRECTOR	ts registered registered	
11. Pursuant t office or ri agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named rec OFFIC D KLYN, MATTHEW	gistered agent and tille if a	en; licable (NC ORS	B Ules, the abc s authorized Florida Statut DIL Registered A 13. 1.1 THE 1.2 NAM 1.3 STRE	3 4 City we-named cor by the corpora os. spont signature requ E E E1 ADDRESS -S1-ZIP	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as 2/8/97 ICERS AND DIRECTOR	ts registered registered	
11. Pursuant i office or ri agent. I al SIGNATURE 12. ITTLE STREET ADDRESS CITY-ST-ZIP ITTLE NAME	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a		B Utes, the abcost a authorized Florida Statut DIL Registered A 13. 1.1 Title 1.2 NAM 1.3 SINE 1.4 CITY 2.1 TITLE 2.2 NAM	City City corpora d City corpora d corpora d corpora d corpora	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 8/97 ICERS AND DIRECTOF Change	Is registered registered RS IN 12	
11. Pursuant (office or ri agent. Lai SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a		Utes, the abc s authorized Florida Statut 211 Registered A 13. 1.1 THE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 THE 2.2 NAM 2.3 STRE	3 4 City we-named corpora by the corpora es. sgont signature requ- sgont signature requ- E E E E1 ADDRESS -S1-ZIP	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 8/97 ICERS AND DIRECTOF Change	Is registered registered RS IN 12	
11. Pursuant (office or ri agent. Lai SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a		Utes, the abc s authorized Florida Statut 2011 Registered A 13. 1.1 THE 1.2 NAM 1.3 STRE 1.4 CHY 2.1 THE 2.2 NAM 2.3 STRE 2.4 CH 3.1 THE	City Voe-named cor by the corpora es. E E E E1 ADDRESS -S1- ZIP E E1 ADDRESS (-S1-ZIP	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 8/97 ICERS AND DIRECTOF Change	Is registered registered RS IN 12	
11. Pursuant (office or n agen1. 1 an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	ORS DELETE	BULOS, the abor s authorized forda Statut 13. 1.1 IIII 1.2 NAM 1.3 STRE 2.4 NAM 2.3 STRE 2.4 CIT 3.1 TITLE 3.2 NAM	City Voe-named cor by the corpora es. E E E E1 ADDRESS -S1- ZIP E E1 ADDRESS (-S1-ZIP	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 97 ICERS AND DIRECTOF Change	ts registered registered	
11. Pursuant (office or m agent. 1 at SIGNATURE 12. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	ORS DELETE	8 Ulos, the abo s authorized Florida Statut 13. 1.1 IIII 1.2 NAM 1.3 STRE 1.4 CITY 2.1 Title 2.2 NAM 2.3 STRE 2.4 CITY 3.1 Title 3.2 NAM 3.3 STRE	3 4 City we-named cor by the corpora os. sgont signature tequ E EI ADDRESS -ST-ZIP E ET ADDRESS (-ST-ZIP E F	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 97 ICERS AND DIRECTOR Change Change	Is registered registered RS IN 12 Addition	
11. Pursuant (office or m agent. 1 an SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	ORS DELETE	8 Ulos, the abo s authorized Florida Statut 511 Registered A 13. 1.1 ULF 1.2 NAM 1.3 STRE 1.4 CHY 2.1 THE 2.2 NAM 2.3 STRE 2.4 CHY 3.1 THE 3.2 NAM 3.3 STRE 3.4 CHY 4.1 ULL	3 4 City we-named cor- by the corpora os. sgont signature requ- E E ADDRESS -S1- ZIP E FT ADDRESS (-S1- ZIP E FT ADDRESS (-S1- ZIP E FT ADDRESS (-S1- ZIP E	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 97 ICERS AND DIRECTOF Change	ts registered registered	
11. Pursuant t office or m agent. 1 at SIGNATURE 12. 17LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	ORS DELETE	8 Ules, the abo s authorized Florida Statut DIL Registered A 13. 11 THT 12 NAM 1.3 STRE 1.4 CHY 2.1 THTS 2.2 NAM 2.3 STRE 2.4 CHY 3.1 THTS 3.2 NAM 3.3 STRE 3.4 CHY 4.1 THTL 4.2 NAM	3 4 City we-named cor- by the corpora os. sgont signature requ- E E ADDRESS -S1- ZIP E FT ADDRESS (-S1- ZIP E FT ADDRESS (-S1- ZIP E FT ADDRESS (-S1- ZIP E	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 97 ICERS AND DIRECTOR Change Change	Is registered registered RS IN 12 Addition	
11. Pursuant t office or m agent. 1 at SIGNATURE 12. 17/10 SIGNATURE 17/10 SIGNATURE	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	OFRS (NC OFRS DELETE DELETE DELETE DELETE	8 8 Ules, the abors authorized 1 Florida Statut 1 DIL Registered A 1 1.1 Till f 1.2 NAM 1.3 STHE 1.4 CHY 2.1 Till f 2.2 NAM 2.3 STHE 2.4 CHY 3.1 TILL 3.2 NAM 3.3 STHE 3.4 CHY 4.1 TILL 4.2 NAA 4.3 STHE 4.4 CHY	3 4 City we-named cor- by the corporal os. sgent signature required sgent sgent signature required sgent sgent sgen	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z Said Z Said CERS AND DIRECTOF Change Change Change Change	Is registered registered RS IN 12 Addition Addition	
11. Pursuant 1 office or ri agent. 1 at SIGNATURE 12. 17/10 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	ORS DELETE	8 8 Ules, the abors authorized 1 Florida Statut 1 DIL Registered A 1 1.1 Till f 1.2 NAM 1.3 STHE 2.1 Till S 2.1 Till S 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STHE 3.4 CITY 4.1 TILL 4.3 STHE	3 4 City we-named cor by the corpora os. sgent signature requ E E E I ADDRESS -S1-ZIP E E F I ADDRESS (-S1-ZIP E E E I ADDRESS (-S1-ZIP E E E E I ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z 97 ICERS AND DIRECTOR Change Change	Is registered registered RS IN 12 Addition	
11. Pursuant i office or ri agent. 1 at SIGNATURE 12. 17TLE 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	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	OFRS (NC OFRS DELETE DELETE DELETE DELETE	B UIES, the abolic subhorized Florida Statut 211 Registered A 13. 1.1 HITE 1.2 NAM 1.3 STRE 2.4 CITY 2.1 THE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 THE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 THE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THE 5.3 STRE	3 4 City wc-named corpora by the corpora os. 4 City wc-named corpora os. 4 City 4 City 4 City 4 City 4 City 5 Corpora 5 Corpora	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z Said Z Said CERS AND DIRECTOF Change Change Change Change	Is registered registered RS IN 12 Addition Addition	
11. Pursuant 1 office or ri agent. 1 at SIGNATURE 12. 177LE 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	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	OFRS (NC OFRS DELETE DELETE DELETE DELETE	B UIES, the abolic subhorized Florida Statut 211 Registered A 13. 1.1 HITE 1.2 NAM 1.3 STRE 2.4 CITY 2.1 THE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 THE 3.2 NAM 3.3 STRE 3.4. CITY 4.1 THE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 THE 5.3 STRE	3 4 City wc-named corpora by the corpora os. 4 City wc-named corpora os. 4 City 4 Cit	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z Said Z Said CERS AND DIRECTOF Change Change Change Change	Is registered registered RS IN 12 Addition Addition	
11. Pursuant 1 office or ri agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the Signature typed or printed named reg OFFIC D KLYN, MATTHEW P.O. BOX 6101 N/A	gistered agent and tille if a	OFFACARAGO (NO OFRS DELETE DELETE DELETE DELETE DELETE DELETE	B B Diles, the abolic solutionized Interventionized Florida Statut Interventionized Dill Registered A Interventionized 11 Interventionized 13 Interventionized 14 Interventionized 13 Interventionized 14 Interventionized 14 Interventionized 21 Interventionized 22 NAM 23 Strift 24 Other 33 Strift 34 Cith 41 Interventionized 42 NAM 43 Strift 44 Cith 53 Strift 54 Cith	3 4 City we-named corpora by the corpora os. 4 City we-named corpora os. 4 City 4 City 4 City 4 City 5 Corpora 5 Corpor	poration submits this statement for the ation's board of directors. I hereby acc uired when reinstating)	FL 85 Zip purpose of changing i ept the appointment as Z A Z A Date ICERS AND DIRECTOF Change Change Change Change Change Change	Is registered registered RS IN 12 Addition Addition	