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 # P9700024471

WELLNESS LIFESTYLES, INC.

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90025 042 ***150.00



		. ve B							
Principal Place	of Business	Mailing Address	-			iit #4itt # 2itt #4ite 114it #1		101 1101 1001	
Principal Place of Business 1829 THATCH PALM DRIVE BOCA RATON FL 33432-7456		1829 THATCH PALM DRIVE BOCA RATON FL 33432-7456			DO NOT	WRITE IN THIS SPA	CF .		
•					3. Date Incorporated or Qual 03/13/1997			Y VIII	
		Ta Takabina Addana			4. FEI Number	·	Appli	ed For	70
2. Principal Pla	ace of Business	2a. Mailing Address			65-0744690			Applicable	3
21		Suite, Apt. #, etc.				\$1	8.75 Add		
Suite, Apt. #, etc.				5. Certificate of Status Desire	M II 1	Fee Requ	1		
22		City & State	City & State		6. Election Campaign Finance	sing - \$	5.00 м	av Be	
City & State	•	28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Coun	try	8. This corporation owes the	current year Intangib	ole		
	[25]	29	30	•	Personal Property Tax.	<u> </u>	es L	No	
24	9. Name and Address of Currer				10. Name and Address of N	ew Registered Ager	ıt		
· · ·	The state of the s	المن المناه المن		81 Name					
REEC), S H N: Federal Hwy		-	82 Street Addr	ess (P.O. Box Number is Not Ac	ceptable)			
STE			+	83		7 3 4 12 11 4 E 2	(e. \$4a)		
	A RATON FL 33432	٠,		· · · · · · · · · · · · · · · · · · ·	经特点机械		11 Feb 14	47, 101, 1591	
500	A MATOR I E SO-TOE			84 City	्रम्पेतः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः । सम्बद्धाः	FI 8	5 Yap Cò	ode	
معتون وتداريون	Salar Sa	100.5	4 - 4 4	<u> </u>	oration submits this statement fo	r the purpose of char	nging its re	egistered	
				AND DOMAN COLD					
	to the provisions of Sections 607.050				on's board of directors. I hereby	accept the appointme	nt as regi	stered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				on's board of directors. I hereby	accept the appointme	nt as regis	stered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Statu	tes.		accept the appointme	nt as regi	stered .	_
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	ations of, Section 607.0505,	Florida Statu		d when reinstating)	DATE	·	· · · · · · · · · · · · · · · · · · ·	(00)
signature	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505,	Florida Statu	tes. Agent aignature require	d when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS AND D	·	· · · · · · · · · · · · · · · · · · ·	(44)00)
signature 12.	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS	Florida Statu	tes. Agent signature require	d when reinstating)	DATE O OFFICERS AND D	IRECTOR	S IN 12	04.144.000
signature 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS	Florida Statu OTE: Registered / 13. 1.1 TITI 1.2 NAI	tes. Agent signature require LE ME.	d when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS AND D	IRECTOR	S IN 12	1004-144700
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS	Florida Statu OTE: Registered J 13. 1.1 TITI 1.2 NAI 1.3 STI	tes. Agent aignature require LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS AND D	IRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS	Florida Statu OTE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT	tes. Agent signature require LE ME REET ADDRESS Y- ST- ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR	S IN 12	000004 (44)08)
office or magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE	ations of, Section 607.0505, ent and title if applicable. ND DIRECTORS DELETE	Florida Statu IOTE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.1 TITI 2.1 TITI 4. CIT 2.1 TITI	tes. Agent aignature require LE ME REET ADDRESS Y-ST-ZIP LE	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change	RS IN 12	00004 (44)000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE	ations of, Section 607.0505, ent and title if applicable. ND DIRECTORS DELETE	Florida Statu IOTE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI	tes. Agent aignature require LE ME REET ADDRESS Y-ST-ZIP LE ME	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change	RS IN 12	ODOTO 144 (00)
office or magent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE	Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CITI 2.2 NAI 2.3 STI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change	RS IN 12	ODOTO04 (44)00)
office or magent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ent and title if applicable. ND DIRECTORS DELETE	Florida Statu OTE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 2.4 CIT	Agent aignature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change	RS IN 12	144,000
office or magent. I ai signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE	Florida Statu OTE: Registered / 13. 1.1 TITI 12 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TITI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change Change	Addition	(44)(00)
office or magent. I ai signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE	Florida Statu OTE: Registered J 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TITI 3.2 NAI 3.2 N	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change Change	Addition	(44)00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE	Florida Statu OTE: Registered J 13. 1.1 TIT 1.2 NAI 1.3 STI 2.2 NAI 2.3 STI 2.4 CI 3.1 TIT 3.2 NAI 3.3 ST	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	IRECTOR Change Change	Addition	
office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE	Florida Statu OTE: Registered J 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TITI 3.2 NA 3.3 STI 3.4 CI 3.4 CI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	RECTOR Change	Addition	100(44) 400TOOO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE	Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TITI 3.2 NA 3.3 ST 3.4 CI E 4.1 TITI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	RECTOR Change	S IN 12 Addition Addition	(00)(44)(4001000
Office or magent. I all signature 12. Title	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE	Florida Statu OTE: Registered J 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI 3.1 TITI 3.2 NA 3.3 ST 3.4 CI E 4.1 TIT 4.2 N	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	RECTOR Change	S IN 12 Addition Addition	(00,00), 100,000
Office or magent. I all 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.1 TITI 4.2 NAI 4.3 STI 4.2 NAI 4.3 STI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	RECTOR Change	S IN 12 Addition Addition	(00)(44) 400T0T0
Office or magent. I all signature 12. Title	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 2.4 CI 2.4 CI 3.1 TITI 3.2 NAI 3.3 STI 4.4 CI 4.2 NV 4.3 STI 4.4 CI 4.4 CI 4.4 CI 4.4 CI 4.4 CI 4.4 CI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	RECTOR Change	S IN 12 Addition Addition	(44)00)
office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 2.4 CI 2.4 CI 3.1 TITI 3.2 NAI 3.3 STI 4.4 CI 4.2 NV 4.3 STI 4.4 CI 4.4 CI 4.4 CI 4.4 CI 4.4 CI 4.4 CI	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADORESS IY-ST-ZIP LE LE ME REET ADORESS IY-ST-ZIP LE REET ADORESS IY-ST-ZIP LE REET ADORESS IY-ST-ZIP LE REET ADORESS IY-ST-ZIP LE REET ADORESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change	Addition Addition	(44)(60)
Office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NA	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 4.4 CIT 4.2 NV 4.3 STI 4.4 CIT 5.2 NAI 5.1 TITI 5.2 NAI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI 6.1 TITI 6.2 TITI 6.3	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change	Addition Addition	100,007,400L000
Office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 12.NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 4.2 NAI 4.5 STI 4.5 STI 5.2 NAI 5.3 STI 5. STI 5	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change	Addition Addition	(0) (4) 4 COLOGO
Office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE T	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 12 NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CI E 3.1 TITI 3.2 NA 3.3 STI 4.4 CI E 4.1 TITI 4.2 NAI 4.5 STI 4.5 STI 5.4 CI 5.1 TITI 5.2 NAI 5.3 STI 5.4 CI 6.2 TITI 6.2	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change	Addition Addition	(00,000,000,000)
Office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 12.NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STI 5.4 CIT 5.1 TITI 5.2 NAI 5.3 STI 5.4 CIT 6.1 TITI 5.2 NAI 5.3 STI 5.4 CIT	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change Change	Addition Addition Addition	(90)(44)(90)
Office or magent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE T	Signature, typed or printed name of registered age OFFICERS AI D AUCLAIR, RICHARD F 1829 THATCH PALM DRIVE BOCA RATON FL33432	ations of, Section 607.0505, ant and title if applicable. (ND DIRECTORS DELETE DELETE DELETE	Florida Statu Florida Statu 13. 1.1 TITI 12.NAI 1.3 STI 1.4 CIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 4.2 NAI 4.5 STI 5.4 CIT 5.2 NAI 5.3 STI 5.4 CIT 6.2 NAI 6.1 TIT 6.2 NAI 6.3 TITI 6.3 T	Agent signature require LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AND D	Change Change Change Change	Addition Addition Addition	(0) (F. 1) (CO. 1) (CO

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

SIGNATURE:

