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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047042 (1)

MARITIME BROKERS INC.



98 JAN -8 AM II: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Response Mailing Address  8220 N.W. 687H STREET MIAMI FL 33166  8220 N.W. 687H STREET MIAMI FL 33166  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/28/1997  2. Principal Place of Business 11 400 V.W. 967H Av 26 V. Box 4/4558  Suite, Apt. W, etc.  Suite, Apt. W, etc.  City & State  City & State  City & State  City & State  Country  Country  Alling Address  DO NOT WRITE IN THIS SPACE  Applied For  Not Applied For  Not Applicable  Scrifficate of Status Desired  Fee Required  Added to Fees  Zip  Country  R. Trust Fund Contribution  Added to Fees  Added to Fees					
### Purposed of Business   See   Do NOT Writte In THIS SPACE	Principal Place	of Business	Mailing Address		1 10011001 110 10111 10111 10111 10111 10111 10111 10111 10111 10111
2. Principal Plage of Business 2. Principal Plage of Business 3. Date incorporated or Qualified 5. Spall Plage 4. Epiberhor Co. 19					
3. Phile Procept Plage of Busilines    Sum Appl. #. 46.	MIAMI FL 3316	<del>36</del>	MIAMI FL 33166		DO NOT WRITE IN THIS SPACE
2. Procipil Place of Business   GFTH   Ay   2a   Marigo Audrons   Suits Ay 1, etc.					
2. Principal Plage of Displaces of Guines 1 Applied Address   1.0					1
Such Apt 9, etc.    Supe Apt 9, etc.   Such Apt 9,	2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21 1401	) N.U.J. 961H	AVES P.O. BOX	41455	8 65-0756224 Not Applicable
City & State    City & State   City	Suite, Apt.				\$8.75 Additional
Added to Fees  Country  28  33/72 28  30 19 29  29  33 3 4 4 30  Personal Property Tax due Juns 30    Trace   Trues	27				Fee Required
Country   2p   33   4   30   2p					6. Election Campaign Financing \$5.00 May Be
So Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	23 <i>VIIH</i>	MI FE.		DUNCT	Trust Fund Contribution LI Added to Fees
8. Name and Address of Deurent Registered Agent  MATUTE BARBARA 8220 NW 68TH STREET  MAMI FL 33166  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorital Statutes, the above-memoral controvation submits this statement for the pursose of changing its registered agent, or body in the State of Flyde. Such change was authorized by the component operators before the provisions of changing its registered agent, or body in the State of Flyde. Such change was authorized by the component operators in hereby accept the appointment as registered agent. I am familiar whose groups agent, or body in the State of Flyde. Such change was authorized by the component or pustered agent agent, or body in the State of Flyde. Such change was authorized by the component or body of the appointment as registered agent. I am familiar whose groups agent, and a pursose of changing its registered agent		Country	へっしつ つつ ルノチト		
MATUTE, BARBARA 8220 NW 68TH STREET MIAMI FL 33166  82 Street Agdresse (P.O. Box Number is Not Acceptable)  83 Street Agdresse (P.O. Box Number is Not Acceptable)  84 City Man is Beach FL 65 Zip Sogs Michael Companies of Companies agent of bright in the opportunity of changing its registered office or registering agent, or bright in the street of the opportunity of changing its registered office or registering agent, or bright in the object of the opportunity of th	24 55/	25 25		30 UAUC	
MATULE, DATACHARA  820 NW 68TH STREET  MIAMI FL 33166  82 Street Approas IP.O. Box Number is Not Accordable?  11. Pursuant to the provisions of Sectops 607 0562 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registering again, or body in the State of Fordis. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registering again, or body in the State of Fordis. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registering again, or body in the submit of agriculture, the above-named corporation submits this statement for the purpose of changing its registered office or registering again, and the purpose of changing its registered office or registering again, and the corporation of the corporation is board of directors. I hereby accept the appointment as registered again. I have been purpose of changing its registered office or registering again, and the corporation of the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereby accept the appointment as registered authorized by the corporation is board of directors. I hereb	1145		Jelit Vediatelen Manit	81 Name	1 A service of the registroot Agent
MIAMI FL 33166    B3					JOSE HUNCIDA
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, or bottler in jet state of florids. Such change was authorized by the corporation's bushing this statement for the purpose of changing its registered agent. I arm familiar only and except the appointment as registered agent. I arm familiar only and except the appointment as registered agent. I arm familiar only and except the appointment as registered of directors. I hereby except the appointment as registered of the familiar of the purpose of change agent at a protection.  (NOTIC Registered Agent agent arm registered agent arm and agent arm and agent				82 Street	Address (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floride Statutes, the above-harned corporation submits this statement for the purpose of changing its registered agent. I am familie with a processing agent, and the state of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familie with a docoping of collegation of 0.7505, Floride Statutes.  SIGNATURE  Supplied hypest or prised of a largelined agent with the reconcient. (NOTE Registered Agent superative required when remissing).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  MATURE, BARBARA  8220 N.W. 68TH STREET  13 SIREET ADDRESS  GIY-51-2P  MIAMI FL 33166  DELETE  13 TITLE  DELETE  33 TINLE  22 NAME  22 SIREET ADDRESS  GIY-51-2P  TITLE  DELETE  31 TITLE  DELETE	MIA	MI PL 33100		83	JI-114 SIKEET 4 GOOT
11. Pursuant to the provisions of Sections 607 0502 and 502 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 607 0502 and 502 1508. Florids Statutes.  Signature  Signat					
11. Presument to the provisions of Sectiops 607 0502 and 607 1509. Florida Statutes, the above-named corporation submit this statement for the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar regist				84 City	MIRANI REACH FL 85 Zip Code 160
SIGNATURE Supplies Supplied by ordering of all regulared lagent and their applicative regulared when remotaling)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE MANAE MATUTE, BARBARA SIRET ADDRESS GIY-ST-ZIP MIAMN FL 33166  DELETE 21 TINLE 22 NAME 22 NAME 31 SIRET ADDRESS CITY-ST-ZIP MIAMN FL 33166  DELETE 21 TINLE 22 NAME 31 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 34 SIRET ADDRESS CITY-ST-ZIP A	11. Pursuant to	o the provisions of Sections 607.0	)502 and 607.1508. Florida Statute	s, the above-named	
SIGNATURE Supplies Supplied by ordering of all regulared lagent and their applicative regulared when remotaling)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE MANAE MATUTE, BARBARA SIRET ADDRESS GIY-ST-ZIP MIAMN FL 33166  DELETE 21 TINLE 22 NAME 22 NAME 31 SIRET ADDRESS CITY-ST-ZIP MIAMN FL 33166  DELETE 21 TINLE 22 NAME 31 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 32 NAME 33 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TINLE 34 SIRET ADDRESS CITY-ST-ZIP A	office or re	igistered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized by the cor	poration's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS (INCITE Tagelation de Agoné auguleur verur trenstation)		A farfillar with and acceptane ob	ligations st, section 607.0505, Fib.	ida Statules.	
TITLE MATUTE, BARBARA STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 DELETE 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 DELETE 21 TITLE 14 CITY-ST-ZIP MIAMI FL 33166 DELETE 21 TITLE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP DELETE 31 STREET ADDRESS CITY-ST-ZIP DELETE 32 STREET ADDRESS CITY-ST-ZIP DELETE 33 STREET ADDRESS CITY-ST-ZIP DELETE 34 CITY-ST-ZIP Change Addition AMAR 6 STREET ADDRESS CITY-ST-ZIP DELETE 35 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE ADDRESS CITY-ST-ZIP DELETE 41 TITLE ADDRESS CITY-ST-ZIP DELETE 41 TITLE ADDRESS CITY-ST-ZIP DELETE 42 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE 55 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE 56 STREET ADDRESS CITY-ST-ZIP ADD	SIGNATURE	Signature typed or printed name of registered	agent and little if applicable (NOTE	: Registered Agent signature	e required when reinstating) DATE
MATUTE, BARBARA STRET ADDRESS CITY-ST-ZIP MIAMI FL 33166  DELETE 13 STREET ADDRESS 14 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 21 THE ANAME 32 STREET ADDRESS CITY-ST-ZIP DELETE 32 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE 33 STREET ADDRESS CITY-ST-ZIP DELETE 34 CITY-ST-ZIP Change Addition Additi				13.	
TITLE DELETE 21 TITLE Change Addition  NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP	TITLE	8 7	DELETE	1.1 TITLE P	JOSE ALMEIDA _ Change Addition
TITLE DELETE 21 TITLE Change Addition  NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP	NAME	matute, barbara		1.2 NAME	251-174 STREET # 0207
TITLE DELETE 21 TITLE Change Addition  NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	8220 N.W. 68TH STREET		1.3 STREET ADDRESS	MIDINI RENCH EL 22/10
STREET ADDRESS   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP   -01/16/38010/2100/5	CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP	
STREET ADDRESS CITY-ST-ZIP  DELETE 31 TITLE 32 ACITY-ST-ZIP 32 MAME 32 NAME 33 STREET ADDRESS GITY-ST-ZIP  TITLE 4 DELETE 31 TITLE 4 ******158.75 ************************************	TITLE		L DELETE	21 TITLE	Change L Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  Addition  Addition  ACITY-ST-ZIP  DELETE  41 CITY-ST-ZIP  DELETE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  Change Addition  Addition  Addition  NAME  52 NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the examplion stated in Section 119 O7(3)(i), Florida Statutes, I further certify that the information is true and excurse shall have the seme local effect as if made under gath; that I am an includer can the example worder castly that I am an includer castly that I am	NAME			2.2 NAME	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  Addition  Addition  ACITY-ST-ZIP  DELETE  41 CITY-ST-ZIP  DELETE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  Change Addition  Addition  Addition  NAME  52 NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  53 STREET ADDRESS  CITY-ST-ZIP  DELETE  61 TITLE  NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the examplion stated in Section 119 O7(3)(i), Florida Statutes, I further certify that the information is true and excurse shall have the seme local effect as if made under gath; that I am an includer can the example worder castly that I am an includer castly that I am	STREET ADDRESS			2.3 STREET ADDRESS	5000024026259
STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP  TITLE ADDRESS CITY-ST-ZIP DELETE 41 TITLE ADDRESS CITY-ST-ZIP DELETE 51 TITLE Change Addition AMME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE CHANGE Addition AMME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE NAME 63 STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP ADD	CITY-ST-ZIP				
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  THE CONTROL OF ADDRESS  CITY-ST-ZIP  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 is true and accurate and had my signature shall have the same legal effect as if made under cath; that I am an increased on this enquel record on supplemental annual record is true and accurate and had my signature shall have the same legal effect as if made under cath; that I am an increased on this enquel record on this enquel record on this and under cath; that I am an increased on this enquel record on this enq	TITLE		L DELETE		******138。(3   <b>医疗療物</b> (33 <b>)。  科如</b> (100   1
CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  1.4 Increby 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 in the legical effect as if made under cath, that I am an interpret of a supplemental anguel report is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret or supplemental anguel report is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret or supplemental anguel tends is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret or supplemental anguel tends is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret or supplemental anguel tends is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret or supplemental anguel tends is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret is true and accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret is true and accounted and the accounted and that my signature shall have the same legal effect as if made under cath, that I am an interpret is true and accounted and that my signature shall have the same legal effect as if made under cath, that my signature	j.				
TITLE DELETE 4.1 TITLE Addition  NAME   STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  DELETE 5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  TITLE  DELETE 5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  DELETE 6.1 TITLE  DELETE 6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Addition					
NAME   4 2 NAME  4 2 NAME  4 3 STREET ADDRESS  CITY-ST-ZIP  DELETE  5 1 TITLE  DELETE  5 3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5 1 TITLE  5 1 TITLE  5 3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6 1 TITLE  NAME  6 3 STREET ADDRESS  CITY-ST-ZIP  1			DELETE		Channe Addition
STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TOTALE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I Pereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information length and the property is true and accurate and that my signature shall have the same length effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal effect as if made under gath; that I am an information are the engal engal effect as if made under gath.					
CITY-ST-ZIP  DELETE  51 TITLE  NAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  61 TITLE  NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  14. I prepby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ledged on this engust second or supplemental angular engust and accurate and that my signature shall have the same legal effect as if made under gath; that I am an enguster and that my signature shall have the same legal effect as if made under gath; that I am an effect as if made unde	·				
TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE					
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  NAME  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information lengthed on this enguel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i).			DELETE		Change Addition
STREET ADDRESS  CITY-ST-ZIP  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ledged on this engage legged and that my signature shall have the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ledged on this engage legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and statutes, I further certify that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and the same legal effect as if made under gath; that I am an exemption stated in Section 119.07(3)(i) and in the same legal effect as if made	,,,,,,		[ DELETE	1	
STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information legicated on this enquel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an					Or almi)
STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information legicated on this enquel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an					1 Gillian
STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information legicated on this enquel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an			□ DELETF		1.
STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information legicated on this enquel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an			<u>ب</u> ۵۰۰۰۰۰		1 \100-811978
CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  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 legicated on this enquel report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an				•	
14. Thereby 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 enquel report or supplemental expert is true and accurate and that my signature shall have the same legal effect as if made under gath, that I am an					
Indicated on this enguel report or supplemental applied tenorities true and accurate and that my signature shall have the same legal effect as it made under gath, that I am an	14 Lhereby co	ertify that the information supplied	with this filing does not qualify fo	r the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Block 12 or Block 13 if changed, or on an attachment with an address.	Indicator (	on this annual report of suppleme	intal annual tenort is true and accu	urate and that my sid	mature shall have the same legal effect as it made under gath: that I am an