## 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

P97000058343 (9) DOCUMENT #

KEY SITES REALTY, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



| Suite, Apt. #, ofc.    Suite, Apt. #, ofc.   | Principal Place of Business   | Mailing Address  |   |  |                                |
|--|---|--|---|--|--------------------------------|
| 2. Perceipal Poses of Usances 2. Perceipal Poses of Usances 2. Description of Usances 3. Descrip |   |  |   |  |                                |
| 2. Principal Pack of Business 23. Series April 1975 24. Fill Number  Suite, April 1, 106.  25. Capt Suite  Suite, April 1, 106.  27. Capt Suite  Suite, April 1, 106.  28. Capt Suite  Suite, April 1, 106.  29. Capt Suite  Suite, April 1, 106.  20. Capt Suite  Suite, April 1, 106.  20. Capt Suite  Suite, April 1, 106.  20. Capt Suite  Suite, April 1, 106.  Suite, April 1, 1 | FI. LAUDERDALE FL 33319   | FT. LAUDERDALE FL 333  | 119   | DO NOT WRITE IN TI                               | HIS SPACE                      |
| 2. Principal Pose of Estatucios 3. Surios, April 4, olic.  2. Surios, April 4, olic.  3. Surios Control of Control |   |  |   |  |                                |
| 28   |   |  |   | 07/01/1997                                       |                                |
| Solic, Api 4, etc.    Solic   Api 4, etc.   Solic   Api 4, etc.   Solic   Api 4, etc.   Solic   Api 4, etc.   Solic   Api 4, etc.   City & Solic   Api 6, etc.   Api 7, etc.   Api 7, etc.   Api 7, etc.   Api 8, etc.   Api 8, etc.   Api 9, etc.   Api 9 | 2. Principal Place of Business  | 2a. Mailing Address  |   |  | Applied For                    |
| Cory & Sulta    Cory & Sulta   Cory  | 21 8955 NW 3CT  | 26 P.O. Frax   | 77/357  | 65-0765542                                       | Not Applicable                 |
| County   State   Care   State   Care   State   Care   Care   State   Care   C   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   | B. Cartificate of Status Desired                 | \$8.75 Additional              |
| Section   County   20   20   20   20   20   20   20   2  | 22  | ····   |   | 5. Continuate of Status Desired                  | Fee Required                   |
| 20   20   20   20   20   20   20   20  |   |  | 1 1-1   | ,          |                                |
| Section   Property Text due June 30.   Yes   No.   N   |   | -C 28 COLLAR SPR   | 11/63, 12   | •  |                                |
| B. Name and Address of Current Registered Agent  ASHURST, ERNEST D III  S440 NORTH STATE ROAD 7, SUITE 202  FT. LAUDERDALE FL 33319  83  84  Cey   | <b>→</b> '  | 70 33077   |   | ,          |                                |
| ASHURST, ERNEST D III S440 NORTH STATE ROAD 7, SUITE 202 FT. LAUDERDALE FL 33319  83  84  CITY CARRY STATE ROAD 7, SUITE 202 FT. LAUDERDALE FL 33319  85  86  87  88  88  CITY CARRY STATE ROAD 7, SUITE 202 FT. LAUDERDALE FL 33319  87  11. Pursuant to thic previsions of Secsions Env CLO2 and ED7 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer on registerer against the statement for the purpose of changing its registerer officer in the statement for the purpose of changing its registerer officers and purpose of changing its registerer of the statement for the purpose of changing its registerer officers and purpose of changing its registerer officers and purpose of changing its registerer of the statement for the purpose of changing its registerer officers and purpose of changing its registerer officers and purpose of changing its registerer of the statement for the purpose of changing its registerer of the statement for the purpose of changing its registerer of the statement for the purpose of changing its registerer of the statement for the purpose of changing its registerer of the statement for the purpose of changing its registerer of the statement for the statement for the purpose of changing its registerer of the statement for the statement  |   | · · · · · · · · · · · · · · · · · · ·  | 30  27 _ 27   |  |                                |
| SHEEL ADDRESS  CITY ST-7P  INCE  MANE  SHEEL ADDRESS  SHEEL ADDRESS  CITY ST-7P  INCE  MANE  SHEEL ADDRESS  SHEEL ADD | <del></del>   |  | 81 Name   |  |                                |
| ### CITY CONTROL OF STATE ADDITIONS OF Sections CO7 0607 and CO7 1506. Floride Statutes the above named corporation about its statement for the purpose of change its registered agent to suppose or purpose of programment as or gistered agent to appear to the purpose of purpos |   | IITE 202   |   |  | 0.712                          |
| 11. Pursuant to the provisions of Sections 607 0602 and 607 1508, Florida Statutes, the above and composition submits that statement for the purpose of changing its registered office or registered agent, us had, us the State of Florida, Sach change was author/ord by the corporation's board of directors. I nereby accept the appropriation to submits that statement for the purpose of changing its registered office or registered agent, us had, us the State of Florida, Sach change was author/ord by the corporation's board of directors. I nereby accept the appropriation to submits that statement for the purpose of changing its registered office of the statutes.    Consider that the statement of the purpose of changing its registered office of the statutes. I not the statutes and the statement of the purpose of changing its registered office of the statutes. I not the statement of directors. I nereby accept the appropriation to submit the statement of directors. I nereby accept the appropriation to submit the statement of the purpose of changing its registered office of the statement of the purpose of changing its registered office of the statement of directors. I nereby accept the appropriation to submit the statement of the purpose of changing its registered office of the statement of directors. I nereby accept the appropriation to submit the statement of the purpose of changing its registere of the statement of the purpose of  |   | 71C 202  |   |  |                                |
| 11. Pursuant to the provisions of Sections 607 00.02 and 607 15.08, Florida Statutes, the above-named corporation submits this element for the purpose of changing its registered office or registered agent, put with registered agent | THE BRODERIDAGE TE GOOTS  |  |   | 1216020  |                                |
| 11. Pursuant to the provisions of Sections 607 00.02 and 607 15.08, Florida Statutes, the above-named corporation submits this element for the purpose of changing its registered office or registered agent, put with registered agent |   |  |   |  |                                |
| 11. Pursuant to the provisions of Sections 607 0002 and 607 1508; Fiorida Statutes, the above-named composition and the purpose of changing its registered agold, I am familiar use of a supposition of productions of the purpose of changing its registered agold of microsis. Thereby accept the appointment as registered agold. I am familiar use of a supposition of the purpose of changing its registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. The appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold of microsis. Thereby accept the appointment as registered agold addition.  12.  |   |  | 84 City   | 02-60081112                                      | 85 Zip Code                    |
| SIGNATURE    Comment   Com | 11. Pursuant to the provisions of Sections 607.0  | 502 and 607.1508, Florida Statute  |   |  |                                |
| SIGNATURE    Comment   Com | office or registered agent or both in the Sta   | ite of Florida, Such change was a  | authorized by the corpora                               | tion's board of directors. I hereby accept the   | appointment as registered      |
| 12. OF LICERS AND DRIFT CLOSES  OF LICERS AND DRIFT CLOSES |   |  |   | 1100   | 1/2/00                         |
| INITE    DILETE   1.1 TITLE   1.2 MAME   1.2 MAME   1.2 MAME   1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.3 STREET ADDRESS   1.4 CDTV-SI-70P   1.4 CDTV-SI- | Signature type the protect name of registrical  | ages and the Europe able (NOTE   | : Registered Agent signature requi                      | red when reinstating) DV.                        | 10/20                          |
| NAME SIRRER ADDRESS CITY-ST-ZIP TITLE DELETE 2 NAME 2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 STREET ADDRESS STREET A |   | the state of the s | 13.   | ADDITIONS/CHANGES TO OFFICERS                    | AND DIRECTORS IN 12            |
| STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP CITY ST-ZIP CITY-ST-ZIP CIT | I   |  | 1.1 TITLE   |  | Change Addition                |
| STREET ADDRESS CITY-ST-ZIP  DELETE  1.3 STREET ADDRESS CITY-ST-ZIP  DELETE  2.7 MANE  2.8 STREET ADDRESS CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  DELETE  3.5 STREET ADDRESS CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.2 MANE  3.3 STREET ADDRESS CITY-ST-ZIP  DELETE  4.1 TITLE  DELETE  4.2 MANE  3.3 STREET ADDRESS CITY-ST-ZIP  DELETE  4.1 STREET ADDRESS CITY-ST-ZIP  DELETE  5.5 TIME  5.2 MANE  5.2 MANE  5.2 MANE  5.3 STREET ADDRESS CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS CITY-ST-ZIP  DELETE  6.1 TITLE  6.3 STREET ADDRESS CITY-ST-ZIP  1.1 DELETE  9.1 DELETE  9.2 MANE  5.3 STREET ADDRESS CITY-ST-ZIP  1.3 STREET ADDRESS CITY-ST-ZIP  1.4 DELETE  9.4 CITY-ST-ZIP  1.5 STREET ADDRESS CITY | NAME ERNEST ASI   | HURGIT 12000   | 1.2 NAME  |  |                                |
| DELETE   21 TITLE     Change   Addition  | STREET ADDRESS 8955 ALLOS   | 707 3307   | 1.3 STREET ADDRESS                                      |  |                                |
| NAME   |   | Wes FL   | 1.4 CITY - ST - ZIP                                     |  |                                |
| STREET ADDRESS  CITY_S1-ZIP  TITLE  DELETE  31 TITLE  32 NAME  32 NAME  33 STREET ADDRESS  CITY_S1-ZIP  DELETE  41 TITLE  Change  Addition  Addition  NAME  STREET ADDRESS  CITY_S1-ZIP  DELETE  44 CITY_S1-ZIP  TITLE  DELETE  51 TITLE  DELETE  51 TITLE  DELETE  52 NAME  52 NAME  52 NAME  53 STREET ADDRESS  CITY_S1-ZIP  DELETE  51 TITLE  DELETE  52 NAME  53 STREET ADDRESS  CITY_S1-ZIP  DELETE  54 CITY_S1-ZIP  DELETE  55 STREET ADDRESS  CITY_S1-ZIP  DELETE  56 STREET ADDRESS  CITY_S1-ZIP  Addition  AME  57 NAME  58 NAME  58 NAME  68 NAME  69 NAME  69 NAME  60 STREET ADDRESS  CITY_S1-ZIP  10 DELETE  10  |   | _ DELETE   |   |  | L_ Change L_ Addition          |
| 2 4 GHY-S1-ZIP     2 4 GHY-S1-ZIP  |   |  |   |  |                                |
| TITLE   DELETE   3 1 TITLE   Change   Addition   |   |  |   | •  |                                |
| NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME ACRITY-S1-ZIP TITLE DELETE ACRITY-S1-ZIP TITLE DELETE ACRITY-S1-ZIP TITLE DELETE ACRITY-S1-ZIP TITLE DELETE ACRITY-S1-ZIP TITLE NAME ACRITY-S1-ZIP TITLE DELETE ACRITY | <del></del>   | DELETE   |   |  | Diamen   Addition              |
| STREET ADDRESS CITY-S1-7IP TITLE  DELETE 4.1 TITLE  NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-7IP TITLE  NAME 5TREET ADDRESS CITY-S1-7IP TITLE  NAME 5TREET ADDRESS CITY-S1-7IP TITLE  NAME 5.3 STREET ADDRESS CITY-S1-7IP TITLE  NAME 5.3 STREET ADDRESS CITY-S1-7IP TITLE  NAME 5.4 CHY-S1-7IP TITLE  NAME 6.3 STREET ADDRESS CITY-S1-7IP TITLE  NAME 6.3 STREET ADDRESS 6.4 CHY-S1-7IP TITLE  1.4 Liberably certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information and the properties that I am an annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information and the propert or supplied with this filing does not qualify for the exemption and the properties and the prope |   |  |   |  | Cusude The Modellot            |
| CITY-S1-7IP  TITLE  DELETE  4.1 TITLE  Addition  Addition  NAME  STREET ADDRESS  CITY-S1-7IP  TITLE  DELETE  4.2 NAME  4.3 STREET ADDRESS  CITY-S1-7IP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-S1-7IP  TITLE  DELETE  6.1 TITLE  NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-S1-7IP  TITLE  NAME  5.4 CITY-S1-7IP  TITLE  NAME  5.5 NAME  6.6 NAME  6.7 NAME  6.8 STREET ADDRESS  CITY-S1-7IP  1.1 Le Condition  6.1 TITLE  NAME  6.3 STREET ADDRESS  6.4 CITY-S1-7IP  1.4 Lereby 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that an annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that an annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that an annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes. I further certify that the information supplied  |   |  |   |  |                                |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  111LE  DELETE  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  111LE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.4 CITY-ST-ZIP  DELETE  6.1 TITLE  6.1 TITLE  111LE  11LE  11L |   |  |   |  |                                |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 0.2 NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS TREET AD |   | DETE TE  |   |  | Change Addition                |
| STREET ADDRESS CITY-ST-ZP  INLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZP  DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZP  ITILE DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP  1.4 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii) florida Statutes.  |   | L Detert   |   |  | El cumildo El Modifior         |
| CITY-ST-ZIP  INLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITHE  NAME  STREET ADDRESS  STREET ADDRE |   |  |   |  |                                |
| THE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET ADDR |   |  |   |  |                                |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  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 annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii) for its application of the same level effect as if made under cath, that I am an exemption stated in Section 119.07(3)(ii) for its application of the same level effect as if made under cath, that I am an exemption stated in Section 119.07(3)(ii) for its application of the same level effect as if made under cath, that I am an exemption stated in Section 119.07(3)(ii) for its application of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as if made under cath, that I am an exemption of the same level effect as i |   | DECETF   |   |  | Change Addition                |
| STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  G.1 TITLE  G.1 TITLE  G.2 NAME  G.3 STREET ADDRESS  G.3 STREET ADDRESS  G.4 CITY-ST-ZIP  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 annual report or 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with that I am an indicated on this annual report or supplied with that I am an indicated on this annual report or supplied with that I am an indicated on this annual report or supplied with that I am an indicated on this annual report or supplied with that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).   |   |  |   |  | ے م                            |
| CITY-ST-ZIP  17TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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 annual report or supplied with that I am an indicated on this annual report or supplied with that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that I am an accurate and that my signature shall have the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; that the information is the same legal effect as if made under gath; the same legal effect as if made under gath; that the information is the same legal effect as if made unde |   |  |   |  | かくの                            |
| NAME STREET ADDRESS CITY-ST-ZIP  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 angular report or supplied with that I am an exemption to supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on this angular report or supplied with the information indicated on the supplied with the information indicated on the supplied with the information indicated in the information in |   |  |   |  | 4.1-                           |
| STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. 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 supplience tall annual report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an  | <del></del>   | DELETE   |   | 3000024862                                       | hange Addition                 |
| STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. 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 supplience tall annual report is true and accurate and that my signature shall have the same legal effect as if made under gath; that I am an  | NAME  | •  |   | -04/13/9801018                                   | -028                           |
| CITY-ST-ZIP  64 CITY-ST-ZIP  65 CITY-ST-ZIP  66 CITY-ST-ZIP  67 CITY-ST-ZIP  6 |   |  |   | ***300.00  |                                |
| 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 annual report or 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 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 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 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 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 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 of supplied with this filing does not provide the supplied with the information indicated in the supplied with the information indicated on this annual report of supplied with the information indicated in the supplied with the supplied with th |   |  |   |  |                                |
| 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 grapowered to execute this report as required by Chanter 607. Florida Statutes, and that my name appears in  | 14. Thereby certify that the information supplied   | with this filing does not qualify fo   | r the exemption stated in                               | Section 119.07(3)(i), Florida Statutes. I furthe | r certify that the information |
|  | indicated on this annual report or suppleme<br>officer or director of the corporation or the re | ntal annual report is true and according to re-  | urate and that my signatu<br>execute this report as rec | are shall have the same legal effect as if made  | e under oath; that I am an     |