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 # **P97000070874**1. Corporation Name

A & Z GENERAL CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address	
1041 ABELINE DR DELTONA FL 32725 US	1041 ABELINE DR DELTONA FL 32725 US	

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90111 036 ***163.75



Principal Place of Business Mailing Address Do Not Writte In This SP, DELTONA RL 32725 US Do Not Writte In This SP, DELTONA RL 32725 US Do Not Writte In This SP, 3. Date Incorporated or Qualified O8/15/1997 O		.
DELTONA FL 32725 US DELTONA FL 32725 US DO NOT WRITE IN THIS SP. 3. Date Incorporated or Qualified (08/15/1997) 2. Principal Place of Business 21	.E(# 85(6) 1811: 195:1 \$151 185:	1891
DELTONA FL 22725 US DELTONA FL 32725 US DELETE DELTONA DELTONA DELTONA DELTONA DELTONA DELTONA DELTONA DEL		
3. Date Incorporated or Qualifod 3. Date Incorporated or Space Incorporated Qualifod 4. ETE Number 5. Space Incorporated or Space Incorporated Qualifod 5. Certificate of Status Desired Qualifod 5. Certificate of Status Desired Qualifod 5. Certificate of Status Desired Qualifod 6. Election Campaign Financing 10. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Status, the above-named corporation submits this statement for the purpose of the office or registered Agent Agent Agent Agent Status	DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		
2. Principal Place of Business		ļ
25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 27 Suite, Apt. #, etc. 21 City & State 22 27 Country 24 28 26 27 Country 25 29 29 30 Suite, Apt. #, etc. 26 City & State 27 Country 28 16 Suite, Apt. #, etc. 29 Country 29 17 Country 20 18 This corporation owes the current year intange Personal Property Tax. 20 Personal Property Tax. 31 Name BAILEY & TRUMBO, P.A. 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 83 Suite, Apt. #, etc. 32 10 Name and Address of Current Registered Agent 31 Name 32 Stroet Address (P.O. Box Number is Not Acceptable) 33 Suite, Apt. #, etc. 34 This corporation owes the current year intange Personal Property Tax. 34 In Name 35 Stroet Address (P.O. Box Number is Not Acceptable) 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Name 38 City Suite, Apt. #, etc. 39 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 34 Suite, Apt. #, etc. 35 Suite, Apt. #, etc. 35 Suite, Apt. #, etc. 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 39 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 36 Suite, Apt. #, etc. 37 Suite, Apt. #, etc. 38 Suite, Apt. #, etc. 39 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 30 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 31 Suite, Apt. #, etc. 32 Suite, Apt. #, etc. 31 Suite, Apt. #,	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired S. Certificate of Status Desired Desired S. Certificate of Status Desired Desired S. Certificate of Status Desired Desired Desired S. Certificate of Status Desired Desired S. Certificate Of Status Desired Desired Desired Desired Desired S. Certificate Of Desired De	Not Applicable	
City & State Country 28 Country 29 30 20 30 Personal Property Tax. 8. This corporation owes the current year intangle Personal Property Tax. 9. Name and Address of Current Registered Agent BAILEY & TRUMBO, P.A. 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 83 84 City FL 84 City FL 85 City FL 86 City FL 87 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of other office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of other office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of other office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of other office of the obligations of Section 607.6508, Florida Statutes. SIGNATURE Glapham, tipped or private name of registered agent and set of societies. Intelligence, property or private name of registered agent and set of societies. PROTE: Registered Agent agenture register when refusating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND INTELLIGENCES OFFICERS O	\$8.75 Additional	
City & State Zip	Fee Required	an
Zip Country Zip Country Strip Country Strip Country Strip Country Strip Country Strip Country Strip St		
Zip	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charding or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment for the purpose of the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment for the purpose of the office or registered agent and set if a spote and the provision of Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TIME 14. TIME 15. TIME		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 94 City FL 95 PL 96 PL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the provisions of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the purpose of t	∏Yes □No	İ
BAILEY & TRUMBO, P.A. 340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privided name of registered layers and time if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND ELAMINE, ABDELILAH 12. DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND ELAMINE, ABDELILAH 1041 ABELINE DR 1. SIRREET ADDRESS CITY-ST-ZP DELTONA FL 32725 1041 ABELINE DR 1. SIRREET ADDRESS CITY-ST-ZP DELTONA FL 32725 DELETE 3. TITLE 3. TITLE 4. CITY-ST-ZP DELETONA FL 32725 DELETE 3. TITLE 3. SIRREET ADDRESS CITY-ST-ZP DELTONA FL 32725 DELETE 3. TITLE 3. SIRREET ADDRESS CITY-ST-ZP DELTONA FL 32725 DELETE 3. SIRREET ADDRESS CITY-ST-ZP DELETE 3. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 3. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 3. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREE 5. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREE 5. SIRREET ADDRESS CITY-ST-ZP TITLE SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREET ADDRESS CITY-ST-ZP TITLE SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREET ADDRESS CITY-ST-ZP TITLE DELETE 5. SIRREET ADDRESS CITY-ST-ZP TITLE SIRREET ADDRESS CITY-ST-ZP TITLE DELTON SIRREET ADDRESS CITY-ST-ZP TITLE SIRREET ADDRESS SIRREET ADDRESS SIRREET ADDRESS SIRREET ADDRESS SIRREET ADDRESS SIR		
340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 33 44 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND LITTLE NAME ELAMINE, ABDELILAH 12. PAWE 13. STREET ADDRESS OTY-ST-2P DELTONA FL 32725 14. CITY-ST-2P DELTONA FL 32725 TITLE NAME 32. NAME 32. STREET ADDRESS CITY-ST-2P TITLE NAME 32. NAME 33. STREET ADDRESS CITY-ST-2P TITLE A1. TITLE A2. ADDITIONS/CHANGES TO OFFICERS AND LITTLE LITTLE DELTONA FL 32725 DELTONA FL 32725 DELTONA FL 32725 DELTONA FL 32725 TITLE NAME 34. CITY-ST-2P TITLE A2. ADDITIONS/CHANGES TO OFFICERS AND LITTLE A3. STREET ADDRESS CITY-ST-2P TITLE A4. CITY-ST-2P TITLE A5. STREET ADDRESS CITY-ST-2P TITLE A4. CITY-S	-g	
340 N CAUSEWAY NEW SMYRNA BEACH FL 32169 33 44 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND LITTLE NAME ELAMINE, ABDELILAH 12. PAWE 13. STREET ADDRESS OTY-ST-2P DELTONA FL 32725 14. CITY-ST-2P DELTONA FL 32725 TITLE NAME 32. NAME 32. STREET ADDRESS CITY-ST-2P TITLE NAME 32. NAME 33. STREET ADDRESS CITY-ST-2P TITLE A1. TITLE A2. ADDITIONS/CHANGES TO OFFICERS AND LITTLE LITTLE DELTONA FL 32725 DELTONA FL 32725 DELTONA FL 32725 DELTONA FL 32725 TITLE NAME 34. CITY-ST-2P TITLE A2. ADDITIONS/CHANGES TO OFFICERS AND LITTLE A3. STREET ADDRESS CITY-ST-2P TITLE A4. CITY-ST-2P TITLE A5. STREET ADDRESS CITY-ST-2P TITLE A4. CITY-S		
NEW SMYRNA BEACH FL 32169 83 84 City FL 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATU		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the purpose of characteristics of		
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charge and signification of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, byed or printed name of registered agent and title if apolitable. (NOTE: Registered Agent agenture required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND I TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE D LAMINE, ABDELILAH 11. TITLE D LAMINE, ABDELILAH 12. NAME 13. STREET ADDRESS CITY-ST-ZP TITLE D DELETE 21. TITLE D DELETE 21. TITLE D DELETE 21. TITLE D DELETE 31. TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE D DELETE 33. STREET ADDRESS CITY-ST-ZP TITLE D DELETE 33. STREET ADDRESS CITY-ST-ZP TITLE 42. CITY-ST-ZP TITLE 42. NAME 43. STREET ADDRESS CITY-ST-ZP TITLE D DELETE 51. TITLE AG CITY-ST-ZP		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chargent. Jam familiar with, and accept the obligations of, Section 607.5505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointm agent. Jam familiar with, and accept the obligations of, Section 607.5505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND ITIE 14. ADDITIONS/CHANGES TO OFFICERS AND ITIE 15. ADDITIONS/CHANGES TO OFFICERS AND ITIE 16. ADDITIONS/CHANGES TO OFFICERS AND ITIE 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND ITIE 19. ADDITIONS/CHANGES TO OFFICERS AND ITIE 10. ADDITIONS/CHANGES TO OFFICERS AND ITIE 10. ADDITIONS/CHANGES TO OFFICERS AND ITIE 11. ITIE 12. ADDITIONS/CHANGES TO OFFICERS AND ITIE 13. ADDITIONS/CHANGES TO OFFICERS AND ITIE 14. ADDITIONS/CHANGES TO OFFICERS AND ITIE 15. ADDITIONS/CHANGES TO OFFICERS AND ITIE 16. ADDITIONS/CHANGES TO OFFICERS AND ITIE 17. ADDITIONS/CHANGES TO OFFICERS AND ITIE 18. ADDITIONS/CHANGES TO OFFICERS AND ITIE 19. ADDITIONS/CHANGES TO OFFICERS AND ITIE 10. ADDITIONS/CHANGES TO OFFICERS AND ITIE 11. ITIE 12. ADDITIONS/CHANGES TO OFFICERS AND ITIE 13. ADDITIONS/CHANGES TO OFFICERS AND ITIE 14. ADDITIONS/CHANGES TO OFFICERS AND ITIE 15. ADDITIONS/CHANGES TO OFFICERS AND ITIE 16. ADDITIONS/CHANGES TO OFFICERS AND ITIE 17. ADDITIONS/CHANGES TO OFFICERS AND ITIE 18. ADDITIONS/CHANGES TO OFFICERS AND ITIE 19. ADDITIONS/CHANGES T	85 Zip Code	
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutor. SIGNATURE Signature, typed or printed many of registered agent and title if applicable. (NOTE: Registered Agent signature required when reindating) Delete 1: TITLE D	hanging ite registered	red
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent aignature required when reinstating) DATE	itment as registered	1
Signature, typed or printed name of registered apent and title of applicable. (NOTE: Registered Agent agnature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS		
TITLE D DELETE 1.1 TITLE NAME ELAMINE, ABDELILAH STREET ADDRESS CITY-ST-ZIP TITLE D DELTONA FL 32725 TITLE D DELAMINE, ZAKIA STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 TITLE D DELAMINE, ZAKIA STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE A.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTORS IN 12	12
NAME ELAMINE, ABDELILAH STREET ADDRESS CITY- ST-ZIP TITLE D NAME ELAMINE, ZAKIA STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS STREET AD	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 TITLE D NAME ELAMINE, ZAKIA STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE AL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE AL TITLE AL TITLE AL CITY-ST-ZIP TITLE DELETE S.1 TITLE AL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.3 STREET ADDRESS CITY-ST-ZIP TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.4 CITY-ST-ZIP TITLE S.5 SA CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S.3 STREET ADDRESS S.4 CITY-ST-ZIP TITLE S.4 CITY-ST-ZIP TITLE S.5 SA CITY-ST-ZIP TITLE S.6 CITY-ST-ZIP TITLE S.7 STREET ADDRESS S.5 CITY-ST-ZIP TITLE S.8 STREET ADDRESS S.5 CITY-ST-ZIP		;
DELTONA FL 32725		6
TITLE D D DELETE 2.1 TITLE NAME STREET ADDRESS 1041 ABELINE DR 23 STREET ADDRESS DELTONA FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME 32 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE D DELETE 4.1 TITLE NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 TITLE 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP TITLE D DELETE 5.3 STREET ADDRESS 6.5 STREET ADDRE		}
NAME STREET ADDRESS 1041 ABELINE DR 23 STREET ADDRESS 24 CITY-ST-ZIP DELTONA FL 32725 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE	☐ Change • ☐ Addition	ddition (
STREET ADDRESS 1041 ABELINE DR 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
DELTONA FL 32725 2.4 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 TITLE		
NAME	Chance D Additio	ddition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST	☐ Change ☐ Addition	adinoi1
CITY-ST-ZIP		Į
TITLE □ DELETE 4.1 TITLE □ DELETE		
NAME		
STREET ADDRESS 4.3 STREET ADDRESS	☐ Change ☐ Additio	ן מסוווםם
CiTY-ST-ZIP 4.4 CiTY-ST-ZIP TITLE □ DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP		
NAME		
STREET ADDRESS 5.3 STREET ADDRESS	☐ Change ☐ Additio	ddition
STREET RUDRESS		
CIPSI-EF CATTIES		
C) DC) CTF C4 TITLE		
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition	ddition
NAME 62 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		ļ
CITY-ST-ZIP 6.4 CITY-ST-ZIP		i i

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:	Aboli
SIGNATURE:	MOUL

03 01.99 (407.860-1900)