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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000071806 (8)

K & S ADVERTISING SPECIALTIES, INC.

FILED May 21 1998 8:00am Secretary of State



Suite, April 4, etc. Suite April 4, etc.							
### PARTIES TO NOT WRITE IN THIS SPACE 2. Principal Place of I tourises. 3. Contrict of Status Desired \$8.75 Additional Place of Pla	Principal Place	a of Business	Mailing Address				
2. Principal Place of Italianness 2. Miniting Address 2. Miniting Address 2. The Principal Place of Italianness 3. Date Incorporated or Coulties 3. Date Incorporated or Coulties 3. Date Incorporated or Coulties 3. Supply 4. Ent. 2. Supply 4. Ent. 2. Supply 4. Supply 4. Supply 5. Supply 5. Supply 6. Supply				•			
2. Procepted Place of Leuriness 2. Mining Address 2. Mining Address 2. Mining Address 3. A Mining Address 3. A Fit Number 3. A	MIAMI FL 331	43	MIAMI FL 33143			DO NOT WRITE IN THIS SPACE	
2. Mealing Address 3. Mealin							
2. Mainting Address Salto, Apr. et etc. Salto, Apr. etc. Salto, Apr. et etc. Salto, Apr. et etc. Salto, Apr. etc.						08/18/1997	
Suite, April 4, oto Solida April 4, oto	2. Principal P	ace of Business	2a. Mailing Address		·	4. FEI Number Applied For	
22 Coty & State Security Fee Required Fee Required Fee Required State	21		26 7/1) SW	12/	n CRI	7 65-0769854 261112 Not Applicab	
Corp A State 28		#, etc.	Suite, Apt. #, etc.			1 5 Ceruncate of Status Desired 1 1	
28	22					Fee Hequired	
Country ZP Country ZP Country ZP S. This corporation ever or has paid the current year helangible No No No No No No No N		'AM'					
Personal Registered Agent		Country		Country		113300 10 1000	
Section of the presence of Sections COZ 0.000 more COZ 7.000 mor	24 33/	ル・ス ├ ¬ ´					
THE TABLE TO THE T		radio de la contracta de la c					
### TAMAN FEAL, 0-409 MIAMI FL 33143 ### TAMAN FEAL, 0-409 MIAMI FL 33143 ### TAMAN FEAL, 0-409 TILE PD	. VAI	LE, KARIN		81	Name	Valle - Y ARIN	
11. Pursuant to the previous of Sections 627.05.02 part 627.15.08, Flerida Statutes file and section submits this statement for the purpose of changing its applicance of effect or registered agent. An including a page 1, the other of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with right appeals the other of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with right appeals the other of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with right appeals the other of the corporation's board of directors. I hereby accept the appeals appeal and remaining the corporation's board of directors. I hereby accept the appeals agent agent and are remaining. 12. OH I CH HS SAND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. ITILE 12. NAME 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CHY 51-7/P 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. S.W. D. THE CETTOR ACCEPTANCE AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. CHANGES TO THE ACCEPTANCE AND THE CETTORS AND THE CETTOR ACCEPTANCE AND THE CE	784	IS CAMINO REAL, 0-409		82	Street Add		
11. Pursuant to the previsions of Sectionis 627.0502 and 627.1508. Florida Statutos the above named corporation submise this statement for the purpose of changing its registered agent Lan illustration transpagers up to prolygopers of, Section 67.0505, Florida Statutorized by the corporation's board of directors. I hereby accept the appointment as registered agent Lan illustration transpagers up to prolygopers of, Section 67.0505, Florida Statutors SIGNATURE 12. CHEICH RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ELARJA, SAMY 7845 CAMINO REAL, 0-409 GIS-NET ADDRESS TITLE 10. DELETE 11. TITLE 11. TITLE PD LARJA, SAMN 7845 CAMINO REAL, 0-409 GIS-NET ADDRESS TO VALLE, KARIN 7845 CAMINO REAL, 0-409 MIAMI FL 33143 DELETE 3. TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition Addition ADDITIONS/ONLY ST. ZP TITLE 10. Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS/ONLY ST. ZP TITLE 10. Change Addition	; MIA	AMI FL 33143			<i>בֿעונר</i> .	SW BY OCT	
11. Pursuant to the provisions of Sections G2 ONG/2 and GC7 1506. Florida Statutes. The above usined corporation submits this statement for the purpose of changing its egistarced agent, or both, in the State of Brands. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registored agent Lamination with, in graph accept the proposition of Oxfoot. Finded Statutes. SIGNATURE SIGNATURE OF FIGURES AND FIRE CHOICE OF FIGURES AND FIRE CHOICE TILE PD ELARJA, SAMY 7845 CAMINO REAL, 0-409 OTV-ST-ZP TILE TO VALLE, KARIN VALLE, KARIN VALLE, KARIN OFFICE STATE TO STATE STATE OFFICE STATE TILE TO VALLE, KARIN OFFICE STATE O	◀			83			
11. Pursuant to the provisions of Sections G2 ONG/2 and GC7 1506. Florida Statutes. The above usined corporation submits this statement for the purpose of changing its egistarced agent, or both, in the State of Brands. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registored agent Lamination with, in graph accept the proposition of Oxfoot. Finded Statutes. SIGNATURE SIGNATURE OF FIGURES AND FIRE CHOICE OF FIGURES AND FIRE CHOICE TILE PD ELARJA, SAMY 7845 CAMINO REAL, 0-409 OTV-ST-ZP TILE TO VALLE, KARIN VALLE, KARIN VALLE, KARIN OFFICE STATE TO STATE STATE OFFICE STATE TILE TO VALLE, KARIN OFFICE STATE O				84	City 1	1 - 1 - R5 Zin Code	
office or registered agent, or both, in the State of Froirian Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent is an itematical minimal with, in a gracety, tip or playspaces, or Section 607,005, for item of Stateties. Signature					~	11AM FL 153783	
SIGNATURE SIGNAT	11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	the above	e-riamed cor	proporation submits this statement for the purpose of changing its registered station's board of directors. I bereby accept the appointment as registered	
12. OF HIGH 1997 and Proportion of Regiment Proportions (ACR) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIRE	agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
12. OFFIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE	SIGNATURE.	$\mathcal{L} = \mathcal{L} \cdot \mathcal{L} \mathcal{U}$				D4/22198	
TITLE NAME ELARIA, SAMY ELARIA, SAMY TRAS CAMINO REAL, 0-409 MIAMI FL 33143 TITLE TD DELETE 21 TITLE TD DELETE 22 TITLE TD VALLE, KARIN 7845 CAMINO REAL, 0-409 MIAMI FL 33143 TITLE TO DELETE 21 TITLE TO TO DELETE 21 TITLE TO TO DELETE 21 TITLE TO TO DELETE 31 TITLE TO TO TO TO TO DELETE 31 TITLE TO					nt signature requ		
NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 12 NAME 13 ShERT ADDRESS CITY-ST-ZIP TITLE DELETE 13 SHERT ADDRESS CITY-ST-ZIP TITLE DELETE 14 CITY-ST-ZIP TITLE DELETE 15 SHERT ADDRESS CITY-ST-ZIP TITLE DELETE 16 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 17 SW D7M CRT Addition ADDRESS CITY-ST-ZIP TITLE DELETE 16 STREET ADDRESS A4 CITY-ST-ZIP TITLE DELETE 17 SW D7M CRT Addition Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS A4 CITY-ST-ZIP TITLE DELETE 18 TITLE DELETE TITLE DELETE 18 TITLE DELETE TITLE		the state of the s					
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 TITLE TD DELETE Z MAME YALLE, KARIN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 TITLE STREET ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS CITY-ST-ZIP MIAMI FL 33143 DELETE STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP THE DELETE STAME STREET ADDRESS CITY-ST-ZIP THE ADDR							
TITLE TO DELETE 21 TILL 27 NAME 7845 CAMINO REAL, 0-409 7845 CAMINO REAL, 0-40					ADDRESS 7	7/17 SW W/MCKI	
TITLE WAME STREET ADDRESS TITLE WILLIAM STREET ADDRESS TITLE WILLIAM STREET ADDRESS TOTY-ST-ZPP WIAMI FL 33143 DELETE 31 TITLE DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZPP TITLE WAME 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZPP TITLE WAME 43 STREET ADDRESS CITY-ST-ZPP MAME MAME STREET ADDRESS CITY-ST-ZPP DELETE 51 TITLE MAME 51 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 51 TITLE DELETE 52 NAME 53 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 53 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 54 CITY-ST-ZPP TITLE DELETE 61 TITLE Change Addition Addition Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZPP TITLE DELETE 61 TITLE 61 TITLE 62 NAME 63 STREET ADDRESS CITY-ST-ZPP 14. Thereby certify that the information supplied with the string closes not qualify for the exemption stated in Section 119 O7(3)(i), Florida Statutes, I further certify that the information indicates certify that the information or the receiver or trusted compowered to exemption stated in Section 119 O7(3)(i), Florida Statutes, I further certify that the information or indicate certify that the information or the exemption of this annual report or supplied with the string closes not qualify for the exemption stated in Section 119 O7(3)(i), Florida Statutes, I further certify that the information or indicate certify that the information or the receiver or trusted compowered to exemption as required by Chapter 607, Florida Statutes, and that my name appears in Blook 12 or Block 12 or Block 13 or Description or the receiver or trusted compowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 12 or Block 13 or Block 12 or Block 12 or Block 12 or Block 13 or Block 12 or Block 14				\sim	T-71P	MIAMI Il., 33183.	
NAME STREET ADDRESS CITY-ST-ZPP MIAMI FL 33143 DELETE 33 TIBLE 33 TIBLE ADDRESS CITY-ST-ZPP Addition NAME STREET ADDRESS CITY-ST-ZPP ADDRESS CITY-S		TD	DELETE			Change Addition	
TITLE DELETE 31 TILLE 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Address CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 Address CITY-ST-ZIP 55 NAME STREET ADDRESS 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE 65 NAME 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 ADDRESS 56	NAME	Valle, Karin		2.2 NAME		•	
TITLE DELETE 31 TILLE 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Address CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 Address CITY-ST-ZIP 55 NAME STREET ADDRESS 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE 65 NAME 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 ADDRESS 56	STREET ADDRESS	7845 CAMINO REAL, 0-409		2.3 \$TREE1	ADDRESS	7117 500 12 114014	
TITLE DELETE 31 TILLE 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE Address CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 51 TITLE ADDRESS CITY-ST-ZIP 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 Address CITY-ST-ZIP 55 NAME STREET ADDRESS 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE 65 NAME 55 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS 56 CITY-ST-ZIP 55 ADDRESS CITY-ST-ZIP 55 ADDRESS 55 ADDRESS 56	CITY-ST-ZIP	MIAMI FL 33143		2 4 CITY-S	51-ZIP	MI AMI FI. 33183.	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE DEL	TITLE		☐ DELETE	3 1 TITLE			
CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE Change Addition Addition NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.5 CITY-ST-ZIP 4.5 CITY-ST-ZIP 4.6 CITY-ST-ZIP 4.7 Inhereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes. I further certify that the information officer or director of the curporation or the receiver or trustee compowered 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 address.	NAME			3.2 NAME			
TITLE DELETE 41 TORRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 51 TITLE DEL	STREET ADDRESS			3.3 STREET	ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 64 CITY-ST-ZIP TITLE Change Addition NAME 62 NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME 64 CITY-ST-ZIP 14. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 O7(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicinchal annual report is true and accurate and that my signature shall have the same legal effect as if made under palt; that I am an officer or director of the corporation or the receiver or trustee ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an address.					31 - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 54 CITY-ST-ZIP TITLE 52 NAME 54 CITY-ST-ZIP TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE 64 CITY-ST-ZIP TITLE 65 STREET ADDRESS CITY-ST-ZIP TITLE 66 STREET ADDRESS CITY-ST-ZIP TITLE 67 NAME 68 STREET ADDRESS CITY-ST-ZIP TITLE 68 STREET ADDRESS CITY-ST-ZIP TITLE 69 STREET ADDRESS CITY-ST-ZIP TITLE 61 STREET ADDRESS CITY-ST-ZIP TITLE 61 STREET ADDRESS CITY-ST-ZIP TITLE 61 STREET ADDRESS CITY-ST-ZIP TITLE 62 NAME 63 STREET ADDRESS CITY-ST-ZIP TITLE 64 CITY-ST-ZIP TITLE 65 STREET ADDRESS CITY-ST-ZIP TITLE 66 STREET ADDRESS CITY-ST-ZIP TITLE 67 STREET ADDRESS CITY-ST-ZIP TITLE 67 STREET ADDRESS CITY-ST-ZIP TITLE 68 STREET AD	1		L'1 DELETE			☐ Change ☐ Additio	
CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 62 NAME 54 CITY-ST-ZIP TITLE 63 STREET ADDRESS CITY-ST-ZIP 14. I horeby 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 supplicincinal annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the composation or the receiver or trosted 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 adactions.					, basses		
TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP S64 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I horeby 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 supplicinchal annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trosted component on the receiver or trosted component or the receiver or trosted component or the receiver or trosted component or officer or director of the component on or the receiver or trosted on the same logal effect as if made under oath; that I am an officer or director of the component on or the receiver or trosted component or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the component on or the receiver or trosted on the component or officer or director of the component or other necessary.							
STREET ADDRESS CITY-ST-ZIP S-4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I horeby 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 supplicit into 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 trostec 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 adactiment with an address.			□ DELETE		1-712	Change Addition	
STREET ADDRESS CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I horeby 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 supplicinchal 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 neceiver or trosted empowered 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 neceiver or trosted 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 adactiment with an address.			_ been			Crisinge C Adultio	
CITY-ST-ZIP INTLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I horeby 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 suppliemental annual report is not 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 trosted impowered 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 adactiment with an address.					ADORESS		
THE DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME STREET 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 indicated on this annual report or supplicinculal annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 adactiment with an address.	. 1			1			
NAME STREET 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 indicated on this annual report or supplicmental 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 this 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 adactiment with an address.			DELETE			Change Additio	
STREET 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 indicated on this annual report or supplicancial 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 this corporation or the receiver or trusted 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.			•	6.2 NAME			
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.				6.3 STREET	ADDRESS		
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 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.	1			6.4 CITY - ST	1- ZIP		
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.	14. Thereby o	ertify that the information supplied w	ith this filing does not qualify for	the exempt	lion stated in	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.	officer or o	dir ecto r of the comporation or the rece	eiver ar trustee empo wered t o ex	ate and that recute this r	a my signati eport as req	rure shair have the same regar effect as it made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	
	Block 12 o	or Block 13 if changed, or on an artain	chiment with an address.			$\sim 1/1$	