


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

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**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90147 004 \*\*\*150.00

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|---|---|--|--|---|---------------------------------|------|-------------------|--|----------------|-------------------------|--|-------------|---------------|--|-------|----|---------------------------------|------|-----------------|--|----------------|------------------------|--|-------------|---------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-------------|--|--|--|--|--|-----------|---|----------|--|--------------------|--|-----------------|--|-----------|---|----------|--|--------------------|--|-----------------|--|-----------|---|----------|--|--------------------|--|-----------------|--|-----------|---|----------|--|--------------------|--|-----------------|--|-----------|---|----------|--|--------------------|--|-----------------|--|-----------|---|----------|--|--------------------|--|-----------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |   |                                     |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| <b>DOCUMENT # P97000083056</b><br>1. Corporation Name<br><b>AMERICAN RAINBOW FLORAL COMPANY, INC.</b>   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| Principal Place of Business<br><b>1910 PARK MEADOWS DRIVE<br/>         FORT MYERS FL 33907</b>  |   |  | Mailing Address<br><b>P.O. BOX 7023<br/>         FORT MYERS FL 33911</b>   |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>   |   | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> |  | 3. Date Incorporated or Qualified<br><b>09/25/1997</b><br>4. FEI Number<br><b>65-0782722</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 9. Name and Address of Current Registered Agent<br><b>ELLIS, MARY NAN<br/>         1910 PARK MEADOWS DRIVE<br/>         FORT MYERS FL 33907</b>   |   |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> Zip Code |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 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 changing its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br>Signature, typed or printed name of registered agent and title if applicable.  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>STACHEL, JOSEPH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1910 PARK MEADOWS DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ELLIS, MARY ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1910 PARK MEADOW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |   |  | TITLE  | PD  | <input type="checkbox"/> DELETE | NAME | STACHEL, JOSEPH A |  | STREET ADDRESS | 1910 PARK MEADOWS DRIVE |  | CITY-ST-ZIP | FORT MYERS FL |  | TITLE | VS | <input type="checkbox"/> DELETE | NAME | ELLIS, MARY ANN |  | STREET ADDRESS | 1910 PARK MEADOW DRIVE |  | CITY-ST-ZIP | FORT MYERS FL |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> DELETE | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table> |  |  | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME |  | 1.3 STREET ADDRESS |  | 1.4 CITY-ST-ZIP |  | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME |  | 2.3 STREET ADDRESS |  | 2.4 CITY-ST-ZIP |  | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME |  | 3.3 STREET ADDRESS |  | 3.4 CITY-ST-ZIP |  | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |  | 4.3 STREET ADDRESS |  | 4.4 CITY-ST-ZIP |  | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.2 NAME |  | 5.3 STREET ADDRESS |  | 5.4 CITY-ST-ZIP |  | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |  | 6.3 STREET ADDRESS |  | 6.4 CITY-ST-ZIP |  |
| TITLE   | PD  | <input type="checkbox"/> DELETE  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| NAME  | STACHEL, JOSEPH A   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  | 1910 PARK MEADOWS DRIVE   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   | FORT MYERS FL   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| TITLE   | VS  | <input type="checkbox"/> DELETE  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| NAME  | ELLIS, MARY ANN   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  | 1910 PARK MEADOW DRIVE  |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   | FORT MYERS FL   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| TITLE   |   | <input type="checkbox"/> DELETE  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 1.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 1.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 1.4 CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 2.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 2.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 2.4 CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 3.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 3.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 3.4 CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 4.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 4.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 4.4 CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 5.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 5.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 5.4 CITY-ST-ZIP   |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 6.2 NAME  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 6.3 STREET ADDRESS  |   |  |  |   |                                 |      |                   |  |                |                         |  |             |               |  |       |    |                                 |      |                 |  |                |                        |  |             |               |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |           |   |          |  |                    |  |                 |  |
| 6.4 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 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:** *Mary Nan Ellis V.P.* Mary Nan Ellis, V.P. 2-5-99 941-936-3146  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #