## IND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90124 021 \*\*\*300.00

ONT WRITE IN THIS SPACE  OPERIPARSE PARKWAY  FILTERS IL VISIO  ON ONT WRITE IN THIS SPACE  Applicable THORN PROMINE  FILTERS IL VISIO  ON ONT WRITE IN THIS SPACE  Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE TO Applicable THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE THORN PROMINE  THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE THORN PROMINE  THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE THORN PROMINE  THORN PROMINE  THORN PROMINE  Suite, ASI 8, 8 ENTERPRISE  Suite	OCUN	MENT # P97000095	847				
SUBSPRINGE PARKWAY   TORT WIRTS R-33306	ONGBR	ROOK SPORTING GOODS CORP.		·			
PRICE I DONOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  11/10/1987  Applicable Piete of Business PKULL  Principal Piete of Business PKULL  Principal Piete of Business PKULL  Principal Piete of Business PKULL  Suite, Ap. 8, etc.  21  22  23  30  30  30  30  30  40  50  50  50  50  50  50  50  50  5		· · · · · · · · · · · · · · · · · · ·	• .	AY.		<u> </u>	
Principal Page of Business   Substance   S							
Principal Page of Business Sulle, April 1962 Sul						THIS SPACE	
Applied For	•	Olzeni		Deline			
Sulto, Apt. 8, etc.    Sulto, Apt. 8, etc.	Principal Pl	ace of Business 2a. N	lailing Address	77104	4. FEI Number	Applied For	
Section   Sect	588	<del></del>	2884 EN	ILKPKISE_	65-0794778	Not Applicable	
### MCKS PL 28 Ft. MCKS PL 29 3905   Trust Fund Controllorin   Added to Fees   Added to Fees   Trust Fund Controllorin   Added to Fees   Trust Fund Controllorin   Added to Fees   Trust Fund Controll	Suite, Apt. #	·····	uite, Apt. #, etc.		5. Certificate of Status Desired	1	
### PSD   DELETE   DE	City & State	MVFRS-FL	F State My	ERS-FL	, ,		
9. Name and Address of Current Registered Agent  WINNEBALD, JEANNIE 9989-21-HALYARDS CT FT MYERS FL 33919 FL. M. JEAN COMPASS PT AGE Pursuant to the provisions of sections 607,0502 and 607,1508, Florids 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 Florids, Such change was authorized by the corporation's board of directors, it hereby accept the appointment as registered agent, and mainly with, and accept the obligations of sections of 366, Florids Statutes, the above-named corporation's board of directors, it hereby accept the appointment as registered agent, and mainly with, and accept the obligations of sections of 366, Florids Statutes, the above-named corporation's board of directors, it hereby accept the appointment as registered agent, and mainly with, and accept the obligations of sections of 366, Florids Statutes, the above-named corporation's board of directors, it hereby accept the appointment as registered agent, and the appointment agent agent appointment agent appo	Zip O	11C1+ -	22900	Country 11<	8. This corporation owes the current ye		
WINNEBALD, JEANNE 9682-21-HALYARDS CT FT MYERS FL 39919- Pursuant to the provision's of sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the provision's of sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the provision's of sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the propose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florids Statutes, the above-named corporation submits this statement for the propose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florids Statutes, the above-named corporation submits this statement for the propose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florids Statutes, the above-named corporation submits this statement for the propose of changing its registered agent. I am familiar with, and accept the objective agent agent in the opporation of the proposed Agent agentaive required when minimizer.    WALL   CITY   CITY   CANCEL   CA	337		30/0	30 16-37	<u>.                                    </u>		
Set and the provisions of sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation's submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of section 607.0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am a property accept the appointment as registered agent. I am a property accept the appointment as registered agent. I am a property accept the appointment as registered agent. I am a purpose of charges agent. I am a purpose of charge		9. Name and Address of Current Register	red Agent	81 Name	10. Name and Address of New Negistr	sieu Agent	
Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named conscription submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, section 67,0508, Florida Statutes.  NATURE  Signature, typed or private name of registered agent and too if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  PSD  LANGENBACH, KLAUS  BACHSTRASSE 14  LANGENBACH, KLAUS  BACHSTRASSE 14  13. STREET ADDRESS  LANGENBACH, KLAUS  LANGENBACH, KLAUS  BACHSTRASSE 14  13. STREET ADDRESS  LANGENBACH, KLAUS  LANGENBACH, KLAUS  BACHSTRASSE 14  13. STREET ADDRESS  LANGENBACH, KLAUS  LANGENBACH, KLAUS  LANGENBACH, KLAUS  BACHSTRASSE 14  13. STREET ADDRESS  LANGENBACH, KLAUS  L	WINNERALD JEANNIE						
Pursuant to the provisions of sections 607,0502 and 507,1508, Florida Statutes, the above-named conjoration 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 obligations of, section 67,0508, Florida Statutes authorized by the corporation's board of directors. I hereby accept the epigeinered agent and state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epigeinered agent are state of Florida Statutes.  NATURE  Separation of the provisions of section 607,0508, Florida Statutes of the provisions of section 67,0508, Florida Statutes of the corporation's board of directors. I hereby accept the epigeinered agent are state of the provisions of the epigeinered agent are the following of the provisions of the p		221 HALYARDS CT 11340 COT	mpass pr	JR 82 Street AC	laress (P.O. Box Number is Not Acceptable)		
Pursuant to the provisions of sections 607 0502 and 807 1508. Florids 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 Florids. 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, Florids Statutes.  SNATURE    SIZENATURE	FT N	AYERS FL <del>33919</del> F.F. M.Y.E.R.	S, FL 33	STUS 83			
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 except the appointment as registered agent, and amount in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby except the appointment as registered office or registered agent and tell a registered agent and tell are registered of the purpose of changing its registered office or registered agent and tell are registered agent signally in required when reinstating)  OFFICERS AND DIRECTORS IN 12  EXAMPLE ANGENBACH, KLAUS BACHISTRASSE 14  LANGENBACH, KLAUS BACHISTRASSE 14  LANGENBACH AGREEM AND BACHISTRASSE 14		•		84 City		85 Zip Code	
office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's Doard of directors. I needly accept the displacement agent to the State of Florids, Statutes.  SINATURE  Signature, hybrid or printed name of ingistered signet and time if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  EXAMPLE 12 MAME  LANGENBACH, KLAUS  BACHISTRASSE 14  13.5 REPARADRESS  BACHISTRASSE 14  13.5 REPARADRESS  WINNEBALD, JEANNIE D  9662-21 HALYARDS COURT  FT MYERS FL 33919  DELETE  13.1 TITLE  13.2 NAME  13.3 STREET ADDRESS  13.4 CDT/ST.2P  FT MYERS FL 33919  DELETE  13.1 TITLE  13.2 NAME  13.3 STREET ADDRESS  13.4 CDT/ST.2P  EXAMPLE 13.5 STREET ADDRESS  13.5 STREET AD			4500 EC 33500 A.L.			·	
agent. I am familiar with, and accept the obligations of, section 607.0905, Florida Statutes.  NATURE    Signature, typed or printed name of regulated agent and title if applicable.   NOTE Regulated Agent signature required when reintaliting)   DATE	office or r	registered agent, or both, in the State of Florida.	. Such change was au	ithanzed by the corpor	ation's board of directors. I hereby accept the	appointment as registered	
Signature, hyperd or privated name of registered Report and title of speciation.  OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  E. PSD	agent. I a	im familiar with, and accept the obligations of, s	section 607.0505, Flor	ida Statutes.			
EET ADDRESS EET ADDRESS STZIP  EET ADDRESS EET ADDRESS EET ADDRESS EET ADDRESS STZIP  EET ADDRESS EET ADDRESS STZIP  EET ADDRESS STZIP  DELETE  1.1 TTLE 1.2 MAME 1.2 MAME 1.3 STREET ADDRESS 1.4 CTIT'STZIP 2.1 TTLE 2.2 MAME 2.2 MAME 2.2 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CTIT'STZIP  EET ADDRESS STZIP  DELETE  1.1 TTLE 2.1 TTLE 2.1 TTLE 2.2 MAME 3.2 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CTIT'STZIP  EET ADDRESS 3.5 STREET ADDRE	SNATURE _	Signature, typed or printed name of registered agent and title if ar	oplicable. (NOT	E: Registered Agent signature		·	
EET ADDRESS BACHSTRASSE 14 13 STREET ADDRESS BACHSTRASSE 14 13 STREET ADDRESS BACHSTRASSE 14 14 ACTIVISTUP  VS WINNEBALD, JEANNIE D 9662-21 HALYARDS COURT FT MYERS FL 33919  DELETE  DELETE  1 TITLE  1 TITLE  1 Change Addition  Addition  Addition  BET ADDRESS STZIP  DELETE  1 TITLE  1 TITLE  1 Change Addition  Addition  CHANGESS STREET ADDRESS STZIP  DELETE  1 TITLE  1 TITLE  1 Change Addition  Change Addition  Addition  Change Addition  Addition  CHANGESS STZIP  DELETE  1 TITLE  1 TITLE  1 Change Addition  Change Addition  Change Addition  Addition  Change Change Change Change Change  Change Change Change  Change Change Change  Change Change Change  Change Cha		OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
BACHSTRASSE 14  SPENDRESS SPORT LIPPSTADT GERMANY FL 33905  E WINNEBALD, JEANNIE D SPETADDRESS E WINNEBALD, JEANNIE D SPETADDRESS STZIP FT MYERS FL 33919  DELETE  22 MAME 32 STREET ADDRESS STZIP FT MYERS FL 33919  DELETE  32 MAME 33 STREET ADDRESS STZIP  DELETE  13 STREET ADDRESS STZIP  DELETE  32 MAME 33 STREET ADDRESS STZIP  DELETE  14 DELETE  15 DELETE  16 DELETE  17 DELETE  18 DELETE  19 DELETE  19 DELETE  10 DELETE  10 DELETE  11 DELETE  12 MAME  13 STREET ADDRESS STZIP  14 DELETE  15 DELETE  16 DELETE  17 DELETE  18 DELETE  18 DELETE  19 DELETE  19 DELETE  10	Ē [		DELETE	1.1 TITLE		Change Addition	
STZIP S9530 LIPPSTADT GERMANY FL 33905   1.4 CITYSTZIP   1.4 CITYSTZIP   1.5 Change   Addition   2.5 STREET ADDRESS   1.3 AO   COM PASS   FT AR   2.5 STREET ADDRESS   3.4 CITYSTZIP   1.5 Change   Addition   2.5 STREET ADDRESS   3.4 CITYSTZIP   2.5 STREET ADDRESS   3.4 CITYSTZIP   2.5 STREET ADDRESS   3.4 CITYSTZIP   2.5 STREET ADDRESS   3.5 ST	E {	•					
WINNEBALD, JEANNIE D  BETADDRESS  BE WINNEBALD, JEANNIE D  BETADDRESS  BETADDR	ì			<b>4</b>			
WINNEBALD, JEANNIE D 9862-21 HALYARDS COURT FT MYERS FL 33919  DELETE  STZIP  DELETE  13 A GITYSTZIP  DELETE  4.1 TITLE  4.2 NAME 4.3 STREET ADDRESS 5.7 ZIP  DELETE  4.1 TITLE  4.1 STREET ADDRESS 5.7 ZIP  DELETE  DELETE  6.1 TITLE  5.2 NAME 5.3 STREET ADDRESS 5.4 CITYSTZIP  DELETE  6.1 TITLE  6.2 NAME 5.3 STREET ADDRESS 5.5 STZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.5 STZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.5 STZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.5 STZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.4 CITYSTZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.4 CITYSTZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.4 CITYSTZIP  DELETE  6.1 TITLE  6.2 NAME 6.3 STREET ADDRESS 5.4 CITYSTZIP  DELETE  6.4 CITYSTZIP  Thereby certify that the information supplied with this filing does not qualify for the exemption staked in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or trusted employed for exemption staked in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or trusted employed for exemption staked in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental ann			<del></del>	_	<u> </u>	Change Addition	
### PAGE 1 HALYARDS COURT   ST.ZIP   FT MYERS FL 33919   24 CITYST-ZIP   Change   Addition   Addition	1		CT OFFE (F	1			
DELETE 3.1 TITLE	Ĭ			2.3 STREET ADDRESS	11340 COMPASS	PT DR.	
DELETE 3.1 TITLE	1			2.4 CITY-ST-ZIP	Ft. MYERS FL	33908	
STADRESS STATE  3.3 STREET ADDRESS STATE  4.1 TITLE  4.2 NAME 4.3 STREET ADDRESS STATE 4.4 CITY-STATE  4.4 CITY-STATE  4.5 STREET ADDRESS STATE  5.1 TITLE  5.2 NAME 5.3 STREET ADDRESS STATE 6.1 TITLE 6.3 STREET ADDRESS STATE 6.4 CITY-STATE 6.5 A CITY-STATE 6.5 A MAME 6.5 STREET ADDRESS STATE 6.5 STREET ADDRESS STATE 6.6 STREET ADDRESS STATE 6.7 NAME 6.8 STREET ADDRESS STATE 6.8 STREET ADDRESS STATE 6.9 Change Addition Addi			DELETE			Change Addition	
STZIP  BE DELETE 4.1 TITLE	E			3.2 NAME		•	
DELETE 4.1 TITLE 4.2 NAME  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  E 52 NAME  53 STREET ADDRESS  45 CITY-ST-ZIP  E 65 NAME  65 NAME  65 NAME  65 NAME  65 NAME  66 CITY-ST-ZIP  66 CITY-ST-ZIP  67 NAME  68 STREET ADDRESS  68 CITY-ST-ZIP  69 Change Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Addition  Change Change Addition  Change Change Addition  Change Change Addition  Change Addition  Change Change Addition  Change Change Addition  Change Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change  Change Change  C	EET ADDRESS		•	3.3 STREET ADDRESS			
42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  ELET ADDRESS 5.5 STREET ADDRESS 5.5 STREET ADDRESS 6.4 CITY-ST-ZIP  DELETE 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.5 ADDRESS 6.5 ST-ZIP 7.5 I hereby certify that the information supplied with this filing does not qualify for the exemption stalled 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 trusted emptywered 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.		·					
A CITY-ST-ZIP  DELETE  S.TITLE  S. A CITY-ST-ZIP  DELETE  S. TITLE  S. TITLE	- 1		[] DELETE			Change Addition	
Addition  ST-ZIP  DELETE  S.1 TITLE  S.2 NAME  S.3 STREET ADDRESS ST-ZIP  DELETE  DELETE  DELETE  G.1 TITLE  G. Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Thereby certify that the information supplied with this filling does not qualify for the exemption stalled 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 officer or director of the corporation or the receiver or trustee emption stalled in section 119.07(3)(ii), Florida Statutes. I further certify that the information and officer or director of the corporation or the receiver or trustee emption stalled in section 119.07(3)(ii), Florida Statutes and that my name alpears in Block 12 or Block 13 if changed, or on an attachment with ah address.				<b>1</b>			
DELETE 5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  Change Addition  DELETE 6.1 TITLE  Change Addition  DELETE 6.1 TITLE  Change Addition  Change	4	THE TELL TO SEE		1			
SZ NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.5 ZIP  Thereby certify that the information supplied with this filing does not qualify for the exemption stalled 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 occurrate 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 trustede emptioned 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.			DELETE.			Change Addition	
ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and occurrate 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 trusted employee do 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.  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.8 TITLE  6.9 TITLE  6.9 TITLE  6.9 TITLE  6.1 TITLE  6.1 TITLE  6.1 TITLE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 TITLE  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.7 TITLE  6.8 TITLE  6.9 TITLE  6.9 TITLE  6.9 TITLE  6.1 TITLE  6.1 TITLE  6.1 TITLE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 TITLE  6.7 NAME  6.7 NAME	)	·		5.2 NAME		<b>-</b>	
DELETE 6.1 TITLE Change Addition  SET ADDRESS  ST.ZIP  I hereby certify that the information supplied with this filing does not qualify for the exemption staled 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 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 addless.	EET ADDRESS			5.3 STREET ADDRESS			
62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST_CIP  I hereby certify that the information supplied with this filing does not qualify for the exemption staled 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 trusted emprehend 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 addless.	/-ST-ZiP	<u> </u>		5.4 CITY-ST-ZIP		—— <del>—</del>	
AST-ZIP  I hereby certify that the information supplied with this filing does not qualify for the exemption staled 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 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 addless.	E		DELETE			Change Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption staled 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 emptwered 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.	ΙE		<b>/</b>	<i>f</i> <b> </b> •			
Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or 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 employered 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.	EET ADDRESS		-1/1/				
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under out, that it are 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.		artific that the information expedied with this files	does not qualify for th		section 119 07(3)(i) Florida Statutes 1 further co	ertify that the information	
IGNATURE: SIGNATURE: S	indicated of an officer of in Block 12	on this annual report or supplemental annual rej or director of the corporation or the receiver or to 2 or Block 13 if changed, or on an attachment w	rustee empowered to rith an addless.	execute this report as	ire shall have the same legal effect as it made	t that my name appears	