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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000008939

MEDIAFLOW 21, INC.

Principal Place of Business   Mailing Address	27825 SW 164 CT HOMESTEAD FL 33031  3. Da  2. Principal Place of Business 2a. Mailing Address 4. FE  21		Ш
HOMESTEAD FL 33031  HOMESTEAD FL 33031  HOMESTEAD FL 33031  HOMESTEAD FL 33031  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 01/27/1998  1. Applied For 1. Applied For 1. Not Applicable. 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 3. Certificate of Status Desired   Face Required City & State City & State City & State 2. City & State 2. Sulte, Apt. #, etc. 3. Country 2. Sulte, Apt. #, etc. 3. Country 3. This corporation owes the current year Intangle Added to Fees 2. Personal Property Tax.  3. This corporation owes the current year Intangle Added to Fees 3. Date Incorporation was the current year Intangle Added to Fees 3. Date Incorporation of Country 4. Sulte, Apt. #, etc. 4. Election Campaign Financing Trust Fund Contribution 3. This corporation owes the current year Intangle Added to Fees 4. This corporation owes the current year Intangle Added to Fees 4. Name  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 4. WEST FLAGLER ST, SUITE 1725 MIAMI FL 33130  82. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In familiar with an expensive authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar with an expensive authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar with an expensive authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar with an expensive authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar with an expensive authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In familiar with an expensive authorized by the corporation's board of directors. I h	HOMESTEAD FL 33031  3. Do 0  2. Principal Place of Business 2a. Mailing Address 4. FE  21 25 26 27 City & State 27 City & State 28 City & State 29 30 9. Name and Address of Current Registered Agent  JULIAN H. KREEGER, P.A. 44 WEST FLAGLER ST, SUITE 1725 MIAMI FL 33130  83 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation stoffice or registered agent, or both or the State and Good Statutes.  SIGNATURE S		
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes the current year Intengible Personal Property Tax.  Yes  9. Name and Address of Current Registered Agent  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  83  Signature, speak of Pillidan amonor inequisared agent and tibe in apposition.  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 agent. I am familiar with each segar their displayers authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with each segar their displayers are provided when remanding)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROS UBONT  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROS UBONT  OFFICERS AND DIRECTORS  13. SIRREFLADORESS  27825 SW 164 Coo RI  TITLE  PLAGE  CHANGE  Addition  Statutes  Change  Addition	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Zip  Country  30  Per  9. Name and Address of Current Registered Agent  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  84  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation so office or registered agent, or both at the State of Florida. Such Statutes, the above-named corporation's board agent. I am familiar with and account the Minguister Statutes and Statutes.  SIGNATURE  Signature, typed of Piniled name of registered agent and title if applicable.  (NOTE: Registered Agent agrature required when rems of the Country of the Country of Delicers and Directors of Statutes.  12. OFFICERS AND DIRECTORS 13. AD  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE		т —
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27	27 City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sip Country  8. The period of profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when rems signature)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stagent. I am familiar with each of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of participation of sections 3506, Florida Statutes.  SIGNATURE  Signature, hypeological of sections 3506, Florida Statutes.  ADD  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE	Suite Ant # atc \$8.75 Additiona	
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Trust Fund Contribution   Added to Fees	Zip Country Zip Country 8. Tr  Zip Country Zip Country 8. Tr  24 25 29 30 30 Pc  9. Name and Address of Current Registered Agent 10. No  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130 83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st office or registered agent, or both on the State of Florida. Such Change with authorized by the corporation's board agent. I am familiar with earl a capture bulgation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board agent. I am familiar with earl a capture bulgation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board agent. I am familiar with earl a capture bulgation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board agent. I am familiar with earl activities because of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board agent. I am familiar with earl activities because of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502, Florida Statutes, the above-named corporation stored for the section of Sections 607.0502, Florida Statutes, the above-named corporation stored for the sect	City & State 5 Election Comparing Financing \$5.00 May Ro	
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both on the State of Historica Page Miss authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar with early accept the appointment as registered Agent agent. I am familiar when remarking [Change Addition Agent agent and tile if approximate agent and tile if a	Zip Country Zip Country 8. Tr  24 25 29 30 Pe  9. Name and Address of Current Registered Agent 10. No  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130 82 Street Address (P.O.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation so office or registered agent, or both in the State of Florida. Such Ordings is authorized by the corporation's board agent. I am familiar with end accept the bligation of Spot, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rems  12. OFFICERS AND DIRECTORS 13. AD.  TITLE PRES LODUT  SHAWN 6- MILLER  STREET ADDRESS  CITY-ST-ZIP TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 21 TITLE  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE  DELETE 3.1 TITLE		
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9. Name and Address of Current Registered Agent  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725 MIAMI FL 33130  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 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 or the State of Suigation of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the pulpase of suitorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the purpose of changing its registered agent. I am familiar with and accept the purpose of changing its registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered Agent sensitive.  SIGNATURE  Signature, type of printed name of ingistered agent and title if approaches (NOTE: Registered Agent sensitive agenture required when remistating)  12. OFFICERS AND DIRECTORS IN 12  TITLE  PRES LOW F. NILLER  1.1 TITLE  Change Addition  Addition  Change Addition  Change Addition  Change Addition	9. Name and Address of Current Registered Agent  JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st office or registered agent, or both, at the State of Florida. Such offings of suthorized by the corporation's board agent. I am familiar with early applicable of Section 57.050, Florida Statutes.  SIGNATURE  Signature, types of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rems of the state o		
JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 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 on the State, of Englands a such Change of a suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent a familiar with each a specific provided by the corporation's board of directors. I hereby accept the appointment as registered agent and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRES LIDENT  Change Addition  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Change Addition  Change Addition	JULIAN H. KREEGER, P.A.  44 WEST FLAGLER ST, SUITE 1725  MIAMI FL 33130  82 Street Address (P.O.  83 83 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation statutes of Florida Statutes, the above-named corporation statutes. Signature of Provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation statutes. SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITITE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  3.1 TITLE		
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MIAMI FL 33130  84 City  FL 85 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 Estida. Such change of suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with each accept the pulpoalties of such of the statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicables  (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROS LOBUT  DELETE  1.1 TITLE  Change  Addition  Change  Addition  Change  Addition	MIAMI FL 33130  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation stoffice or registered agent, or both in the State of Florida. Such change of a authorized by the corporation's board agent. I am familiar with earl accept the digration of section 3.2506, Florida Statutes.  SIGNATURE  Signature, typed or pintled name of registered agent and title if applicable (NOTE: Registered Agent agnature required when rems 12.  OFFICERS AND DIRECTORS 13. AD.  TITLE PRES DENT DELETE 1.1 TITLE  NAME SHAWN 6. MILLER  STREET ADDRESS 2.78.25 SW 164 CORT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS 2.2 STREET ADDRESS 2.2 STREET ADDRESS 2.2 STREET ADDRESS 2.2 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  TITLE DELETE 3.1 TITLE 3.1		
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 Section 507.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with end accept the Migations of Section 507.6506, Florida Statutes.  SIGNATURE    Signature, typed of printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation st office or registered agent, or both in the State of Section 87.6506, Florida Statutes.  SIGNATURE  Signature, typed of printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reins 12. OFFICERS AND DIRECTORS 13. AD 11.1 TITLE NAME SHAWN 6- MILLER 12. NAME  STREET ADDRESS 27825 SW 164 CORT 13. STREET ADDRESS CITY-ST-ZIP HOME STEAD, FL 3303 14. CITY-ST-ZIP TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 31. TITLE 31. TI	44 WEST FLAGLER ST, SUITE 1725	
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 Endda. Such Space of submits a statement for the purpose of changing its registered agent. I am familiar with each application of submits and application of submits and submits this statement for the purpose of changing its registered agent. I am familiar with each application of submits and submits this statement for the purpose of changing its registered agent of the purpose of changing its registered agent of the purpose of changing its registered of the purpose of changing its registered agent of the purpose of changing its registered of the purpose of changing its registered agent of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent and the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent and the purpose of changing its registered of the purpose of changing its registered agent and the purpose of changing its r	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation state of fice or registered agent, or both in the State of Section 20.505, Florida Statutes, the above-named corporation state agent. I am familiar with each accept the Migations of Section 20.505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent argumenture required when roms and state applicable.)  ITILE PRESIDENT DELETE 1.1 TITLE  NAME SHAWN 6- MILLER  STREET ADDRESS 2.78.25 SWILL CORI 1.3 STREET ADDRESS  CITY-ST-ZIP TITLE DELETE 2.1 TITLE  NAME  STREET ADDRESS 2.3 STREET ADDRESS  CITY-ST-ZIP DELETE 3.1 TITLE  DELETE 3.1 TITLE  DELETE 3.1 TITLE	MIAMI FL 33130 83	
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 Endda. Such change of a authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with each application of section 37.550, Florida Statutes.  SIGNATURE  Signature, typed or primted name of registered agent and title if applicables (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PRES LIBENT  DELETE  1.1 TITLE  SHAWN 6-MILLER  TREET ADDRESS  2.76.2.5 SW 164 COORT  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  Change  Addition	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation state of fice or registered agent, or both in the State of Section 20.505, Florida Statutes, the above-named corporation state agent. I am familiar with each accept the Migations of Section 20.505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent argumenture required when roms and state applicable.)  ITILE PRESIDENT DELETE 1.1 TITLE  NAME SHAWN 6- MILLER  STREET ADDRESS 2.78.25 SWILL CORI 1.3 STREET ADDRESS  CITY-ST-ZIP TITLE DELETE 2.1 TITLE  NAME  STREET ADDRESS 2.3 STREET ADDRESS  CITY-ST-ZIP DELETE 3.1 TITLE  DELETE 3.1 TITLE  DELETE 3.1 TITLE	and The Code	
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SIGNATURE  Signature, typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROS UBNT  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD, FL 3303  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  Change  Addition	SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reins  12. OFFICERS AND DIRECTORS  13. AD  TITLE  PRES UBNT  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE	suant 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 registers	ed
SIGNATURE  Signature, typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROSIDENT  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD, FL 3303  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  Change  Addition	SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reins  12. OFFICERS AND DIRECTORS  13. AD  TITLE  PRES UBNT  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE	e or registered agent, or both in the state of Fledia. Such change are suthorized by the corporation's board of directors. I hereby accept the appointment as registered	
Signature, typed or primited name of registered agent and title if applicables (NOTE: Registered Agent signature required when reinstating)   12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rens.  12. OFFICERS AND DIRECTORS  13. AD.  TITLE PRES DENT DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Ì
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PROSIDENT  DELETE  1.1 TITLE  SHAWN 6. MILLER  STREET ADDRESS  27825 SW 164 COORT  1.3 STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD, FL 3303  1.4 CITY-ST-ZIP  TITLE  Change  Addition	12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE 1.1 TITLE  NAME SHAWN & MILLER 12 NAME  STREET ADDRESS 27825 SW 164 COOR 1 1.3 STREET ADDRESS  CITY-ST-ZIP HOMESTEAD, FL 3303 1.4 CITY-ST-ZIP  TITLE  NAME  -STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 2.1 TITLE  2.2 NAME  2.23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE	URE Signature, typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	
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	STREET ADDRESS 3.3 STREET ADDRESS	3.3 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

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4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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SIGNATURE:

CITY+ST-ZIP

STREET ADDRESS

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