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CORPO	ROFIT ORATION L REPORT	Moora	Katheri Secreta	RTMENT OF STATE IND MENTS  Try of State CORPORATIONS	Secreta 05-10-1999 9	•	
Comporation Name CAMURY FYNNSTYND CONT.					* 5 7 3 3 4 * 570034 - 90001 - 38		
ncipal Place of ANDPY FUN 30 BD:46L	INSTUMB COMP.	Mailin C <i>A</i> r	g Address	LIR CORPORTED			
420024,	PL 34(98				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	IIS SPACE	
Principal Place	of Business DULCUS AVO.	2a. Ma	illing Address	LUAS NUE	4. FEI Number 65-0841764	نـــا	oplied For ot Applicable
Suite, Apt. #, e	tc.	Sui 27	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State	Ph	28 <i>D</i>		PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
34698	Country 25 4 3 A	2ip		30 434	This corporation owes the current year Personal Property Tax.	Intangible Yes	, <b>⊵</b> 1√0
	Name and Address of Cu	urrent Registere	d Agent	81 Name	10. Name and Address of New Registers	d Agent	
	•			1 1			
Ona!	5012 EQ, 3.40	698		84 City	F	85 Zip (	Code
Pursuant to the office or regist agent. I am fee	he provisions of Sections 607 lered agent, or both, in the S milkar with, and accept the or	7.0502 and 607.15 State of Florida, S bligations of, Sec Long the state of applied against and 186 if applied	uch change was au tion 607,0505, Flori cable. (NOTE:	84 City s, the above-named corporation of the corp		of changing its ointment as re	registered gistered
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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 path; 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: BIGHATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR