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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 98000039918 IRR SERVICES INC.

TRR SERVICES INC. 324 SUN OAKS CT. JAKE MARY, FL 32746

LAKE MARY, FL 32746 Principal Place of Business

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90182 032 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59.44.798 3. Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 5. Cenficate of Stutus Desired \$8.75 Assilication 58.75 Assil	1 1 30	MARUEL 37.14	~						
Suite, Apt. #, etc. 28	CARE MARY, FC 32 146						3. Date Incorporated or Qualifed	3	
Suite, Apt. #, etc. 28	2 Oringinal C	llane of Business	2- Mailine	A d d a a a a			3/ 7 / JC		
Suto, Apt. 4, etc. Suto, Apt. 4, etc. 27		race of Business	— ·	Address				<u> </u>	
S. Confidate of Status Desired Fee Required Fee Required S. D. Omy by Be Addoor Campaign Financian S. D. Omy by Be Addoor for Pees S. D. Ome and Address of Current Registered Agent S. D. Ome and Address of Current Registered Agent S. D. Ome and Address of Current Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. Ome and Address of Sever Registered Agent S. D. D. O. D. O. D.	21						59-3509770	N	ot Applicable
State	Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5 Certificate of Status Desired	\$8.75	Additional
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & City & State City & City & State City & State City &	22		27				5. Certificate of Status Desired	Fee R	equired
28		e	City & S	tate	•		6 Election Campaign Financing	\$5.00	May Re
Zip Country Zip Country	23		28				1	•	,
9. Name and Address of Current Registered Agent AMERILA WYBE. 343 ALM EXIA AVE. CORA L GABLES, FL. 33134 82 Street Address (1) 0 Boy Number 19 Not Registered Agent TODO M. HOPPLER 343 ALM EXIA AVE. CORA L GABLES, FL. 33134 83 SUITE 1800 FL 85 Z2 Code The Previous Provisions of Sections 607 8502 and 607 1508. Florida Statutes, the above-named corporation submits this stationment for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent. Or learned the floridate with, and accept the adjustments of Section 607 8508, Fronta Statutes. SIGNATURE Biguitaria, type for private cross of purposition going that registered agent. A purposition of the purpose of charging is registered agent. The purpose of charging is registered agent. The purpose of the purpose of charging is registered agent. The purpose of charging is registered by the corporation's board of directors. I hereby accept the appointment as registered agent. The purpose of the purpose of charging is registered by the corporation is board of directors. I hereby accept the appointment as registered agent. SIGNATURE DELETE DIVIDED		Country			Country		· · · · · · · · · · · · · · · · · · ·		
9. Name and Address of New Registered Agent AMERICA WYER 34.3 ALM ESCLA AVE, CRAL GABLES, FL 33.13.4 81. Name						-	,		. II No
AMBRICA WYER 343 AUNISTA AVE, CORA L GABLES, FL 33 134 82 Street Address (F) 0. Box Number is 180 Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.0502 and 607.0505. Florida Statutes, the above-rander opporation 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 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 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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIME 13. TIME 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TIME 15.	24				<u> </u>		1 -		LINO
AMBRICAWYGZ 343 AUMBCIA AVE, CORAL GABLES, FL. 33134 82 Street Address (F.0. Box Jumps is had Acceptable). 83 SUTE LBOO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statument 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 director's. I hereby accept the appointment as registered agent. and accept the oeligation of Section 607.0506, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. EMBLES, SUMMERS TO OFFICERS AND DIRECTORS IN 12 15. OFFICERS AND DIRECTORS IN 12 15. TITLE OFFICERS AND DIRECTORS IN 12 TI		9. Name and Address of Curren	t Registered Ag	ent	04 1		10. Name and Address of New Registere	a Agent	
34.3 AUM EVA CORAL CARLES, PCL 33 13 4 The pursuant to the provisions of Sections 697 0502 and 607 1508, Florida Statutes, the above-name to provide the state of the purpose of changing like registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits, this statement for the purpose of changing like registered agent. I am findling with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-name to provide the state provided by the corporation submits, this statement for the purpose of changing like registered agent. I am findling with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-name to provide the purpose of changing like registered agent. I am findling with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-name to provide the exponential state of the purpose of changing like registered agent. I am findling with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-name to provide of directors. I hereby accept the appointment as registered agent. I am findling with, and accept the obligations of, Section 607 0505, Florida Statutes, the appointment as registered agent. I am findling with a provided the corporation submits this statement for the purpose of changing is registered agent. I am findling with a provided the corporation submits and the registered agent. I am findling with a provided with a provided agent. I am findling with a provided with a provided agent. I am findling with a provided with		AMORIL ANIVER			81 Nar	^{1е} -7	7000 M. HOEPKER		
B4		_	82 Street Address (R.O. Box Number is Not Acceptable)						
B4		AVE.	390 N. ON ANGE AVE.						
B4		COPAL CAPITE		-101	83	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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or private rained agent and their fuerbicable. MOTE: Registered Agent agrature required when renotating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITIE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITIE 12. NAME 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITIE 12. NAME 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITITIE 12. NAME 13. STREET ADDRESS 14. CTY' ST 2P TITLE 12. NAME 13. STREET ADDRESS 14. CTY' ST 2P TITLE 12. NAME 13. STREET ADDRESS 14. CTY' ST 2P TITLE 12. NAME 13. STREET ADDRESS 14. CTY' ST 2P TITLE 14. TITLE 12. NAME 13. STREET ADDRESS 14. CTY' ST 2P TITLE 14. TITLE 15. TITLE 16. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		COMPLEZ	, [こ さ	3134 3134		3U/7	TE 1800		ŀ
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed reams of registered agent and the Augustuals NOTE: Registered Agent diginature, typed or printed reams of registered agent and 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Change Addition 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 TITLE Change Addition 1.3 NAM					84 City	001	41.700	85 Zip	Code ,
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 1 am familiar with, and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature, hypore name or registered apent and the 7 applicable (NOTE: Registered Agent agrature required when remarkable) The company of the						<u>) 4 (</u>	AND F	<u>L 137</u>	2801
agent. I am familiar with, and accept the obligations of. Section 607 (5505, Florida Statutes.) ISIGNATURE Signature Signature Signature required amon re-installing) SATE									
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TITLE Change Addition						rporation	n's board of directors. I hereby accept the app	ointment as re	gistered
Signature, Upsed or primer cancer of pregistered agent and their depolations with their depolations of pregistered agent and their depolations of pregistered agent and their depolations of pregisteria and pregisteria agent agents are received when remotationy in the control of pregisteria and pregisteria agents and a	-	m laminar with, and accept the obligar	lions of, Section (307.0303, 1 Killak	a Statutes.				ľ
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE	SIGNATURE	Classifier band as a relation of a sixty and a second		MOTE: D			DATE		
DELETE 1.1 TITLE Change Addition SCOTT M BONG OR STREET ADDRESS A CITY ST 2P DELETE 2.1 TITLE Change Addition Addition Change Chan				(NOTE: Re	<u>. </u>	re required		AND DIRECTO	3DS IN 12
NAME STREET ADDRESS 32.4 SUN OAKS CT. STREET ADDRESS 14.CTY-ST-ZP NAME VSTD DELETE 22 NAME 23 STREET ADDRESS CTY-ST-ZP OPLANDO, PC 32856 - OAG 24.CTY-ST-ZP DELETE 33 STREET ADDRESS CTY-ST-ZP 33 STREET ADDRESS CTY-ST-ZP 34.CTY-ST-ZP DELETE 35 STREET ADDRESS CTY-ST-ZP 35 STREET ADDRESS CTY-ST-ZP 36 STREET ADDRESS CTY-ST-ZP 36 STREET ADDRESS CTY-ST-ZP 37 STREET ADDRESS CTY-ST-ZP 38 STREET ADDRESS CTY-ST-ZP 39 STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CTY-ST-ZP 30 STREET ADDRESS 30 STREET ADDR				O DELETE			ADDITIONS/CHANGES TO OFFICERS /		
STREET ADDRESS 32.4 SVW OAKS CT. 13.STREET ADDRESS 14.CTY.ST.ZIP DELETE 21 TITLE Change Addition	IIILE	PD	ı	☐ DELE1E	1.1 TITLE			☐ Change	
TITLE VSTD DELETE 1 ITTLE Change Addition STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP Change Addition CITY-ST-ZIP Change CITY-ST-ZIP Change Addition CITY-ST-ZIP CHANGE CITY-ST-ZIP Change Addition CITY-ST-ZIP CHANGE CANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHANGE CHAN	NAME	SCOTT M. BON	SIORNI	0 1	1.2 NAME				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	324 SUN MAKS	5 67.	_	1.3 STREET ADDRE	ss			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY_ST_7ID	INVE MARY D	(<u>3</u>	1./	1.4 CITY ST 710				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE		1/5-T6	- 32 p	DELETE				Change	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE JS TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE JS TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE JS TITLE		VSG PA COU		_ OCCCTC				onunge	
CITY-ST-ZIP DRUANDO, FL 32856-0046 2 4 CITY-ST-ZIP TITLE	NAME		Ę		2.2 NAME	-			
TITLE DELETE 31 TITLE Ghange Addition NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Ghange Addition NAME STREET ADDRESS CITY-ST-ZIP 42 CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP GHANGE GHANGE GHANGE CITY-ST-ZIP GHANGE GHANGE GHANGE GHANGE CITY-ST-ZIP GHANGE GHAN	STREET ADDRESS		6		2.3 STREET ADDRE	SS			
TITLE DELETE 3.1 TITLE DELETE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS DITY-ST-ZIP DELETE 5.3 STREET ADDRESS DITY-ST-ZIP DELETE 5.3 STREET ADDRESS DITY-ST-ZIP DELETE 5.3 STREET ADDRESS DITY-ST-ZIP DELETE 6.3 STREET ADDRESS DITY-ST-ZIP DELETE DELETE 6.3 STREET ADDRESS DITY-ST-ZIP DELETE 6.3 STREET DELETE 6.3 STREET ADDRESS DITY-ST-ZIP DEL	CITY-ST-ZIP	ORLANDO, FL 3	2856-	0046	2. 4 CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE AMME STREET ADDRESS CITY-ST-ZIP ANDRESS CITY-ST-ZIP ANDRESS CITY-ST-ZIP ANDRESS CITY-ST-ZIP ANDRESS CITY-ST-ZIP DELETE 5.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE Change Addition STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE ANDRESS CITY-ST-ZIP TITLE ANDRESS CITY-ST-ZIP TITLE ANDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP ADDR	TITLE							☐ Change	☐ Addition
STREET ADDRESS GITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS GITY-ST-ZIP Addition 4. 2 NAME 4. 2 NAME 4. 3 STREET ADDRESS GITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS GITY-ST-ZIP TITLE STREET	ļ		•						_
Addition AMME NAME STREET ADDRESS GITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS GITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 Lereby 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							_		
TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS OTTY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS 5.3 STREET ADDRESS OTTY-ST-ZIP 5.1 TITLE Change Addition STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS OTTY-ST-ZIP 6.1 TITLE Change Addition STREET ADDRESS OTTY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TAL 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	STREET ADDRESS				3.3 STREET ADDRE	SS			
A 2 NAME \$TREET ADDRESS \$CITY- \$T- ZIP TITLE DELETE DELETE 5.1 TITLE NAME \$TREET ADDRESS \$TREET ADDRESS \$TREET ADDRESS \$TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS \$TITLE DELETE 6.1 TITLE NAME \$TREET ADDRESS \$TITLE DELETE 6.1 TITLE NAME \$TREET ADDRESS \$TITLE ADD	CITY-ST-ZIP				3.4. CITY-ST-ZIP				
A3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP DELETE S3 STREET ADDRESS CITY-ST-ZIP Change Addition	TITLE		[☐ DELETE	4.1 TITLE			Change	☐ Addition
CITY-ST-ZIP 44 CITY-ST-ZIP 51 TITLE Change Addition	NAME			i	4. 2 NAME				
CITY-ST-ZIP 44 CITY-ST-ZIP 51 TITLE Change Addition	STREET ADDRESS				4 3 STREET ADORE	25			
TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP FOR Addition 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 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					!				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE CLY-ST-ZIP 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 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				⊃ nei ere		-		Change	Addition
5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4 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	1		L	□ DEFE+E	•			change	☐ MOORION
54 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME				5.2 NAME				
TITLE DELETE 6.1 TITLE 6.2 NAME 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 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 C	STREET ADDRESS				5.3 STREET ADDRE	SS			
TITLE DELETE 6.1 TITLE 6.2 NAME 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 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 C	CITY-ST-ZIP				5.4 CITY-ST-ZIP	ļ			ļ
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 14. 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 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	TITLE		F	DELETE	6.1 TITLE			Change	Addition
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			_		62 NAME				_
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									
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	STREET ADDRESS				6.3 STREET ADDRE	is			
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	CITY-ST-ZIP				6.4 CITY-ST-ZIP				
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	14. I hereby o	ertify that the information supplied with	h this filing does i	not qualify for the	e exemption sta	ed in Se	ection 119.07(3)(i), Florida Statutes. I further co	ertify that the i	nformation
	indicated of	on this annual report or supplemental	annual report is t	rue and accurate	e and that my si	gnature s	shall have the same legal effect as if made un-	der oath; that	lam an
	Officer or o	prector of the corporation or the receiver Block 13 if changed, or on an attach	ver or trustee emp	powered to exec	tute this report a	s require	ed by Unapter 607, Florida Statutes; and that	ny name appe	ears in

SIGNATURE:

CR2E034 (11/98)