يتتيت

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSULVED, MINIMUM AMOUNT DUE TO REINSTATE: \$100).

PROFIT CORPORATION ANNUAL REPORT

1000

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90022 018 \*\*\*150.00

1999		<del>-</del>
DOCUMENT # P98000056315	-	
A.C. SYSTEMS INC.		004/00 30000 -
	,	ול אנות נפתנו ותאנו תחוום תונות בפוסב אותם הוצסם ונוסם ונוסים נוונים וחובו ותוחו מווי ותחואסוני
Principal Place of Business Mailing Address	_	
10188 REGENT CIRCLE 10189 REGENT CIRCLI NAPLES FL 34109 NAPLES FL 34109	ŧ	
(M. 220 ) 5 4 1180		DO NOT WRITE IN THIS SPACE
		3. Date incorporated or Qualified
2. Principal Place of Business A		06/24/1998 4. FEI Number Applied For
21-10/88 Recent-lice 26 101-88-K	west Circle	) 39-352212.0 Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc.	7	5. Certificate of Status Desired \$8.75 Additional
22 27		ree Noquisu
City & State 23 Daples 31 28 Naples	£	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zig Country Zig 4109	Country 30 115A	This corporation owes the current year imangible Personal Property.  Yes  No
9. Name and Address of Current Registered Agent	130 1/2/3	10. Name and Address of New Registered Agent
	81 Name	
MELANCON, MICHAEL	82 Street Add	drass (P.O. Box Number Is Not Acceptable)
10188 REGENT CIRCLE		
NAPLES FL 34109	83	
	84 City	85 Zip Code
	Q-4  Oily	
4		FL
Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Sta office or registered agent, or both, in the State of Florida. Such change we		easting submits this statement for the number of changing its registered
office or registered agent, or both, in the State of Florida. Such change wa agent, I am familiar with, and accept the obligations of, section 607.0505,		easting submits this statement for the number of changing its registered
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Sta office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Storature, typed or printed name of registered agent and title if applicable.		poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS	tures, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re	oration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered equivalent when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  DELETE	tutes, the above-named corporal sa guithorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re- 13. 1.1 TITLE	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  PARKE  DELETE  NAME	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re	oration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered equivalent when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Styresure, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  PRESIDENT  DELETE  NAME  STREET ANDRESS  MICHAEL  TOTAL	tutes, the above-named corporal sa authorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	oration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered equivalent when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Styratura, typed or printed name of registered agent and title 1 applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP 10188 REGENT CITYLE.	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re	oration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered equivalent when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Structure, typed or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP 10188 REGENT CITYLE.	tutes, the above-named corporal sa authorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered accept when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title 1 spoilcable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO 1 8 8 REGENT CITYLE  TITLE Name DELETE  TITLE Name DELETE  TITLE Name DELETE	tutes, the above-named corporal sa authorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered accept when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Structure, typed or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TO I B & REGENT CITYCLE  TITLE  NAME  STREET ADDRESS  CITYST-ZIP  DELETE  NAME  STREET ADDRESS  CITYST-ZIP	tutes, the above-named corporal sa authorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered advised when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change C
office or registered agent, or both, in the State of Florida. Such charge wingent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Styratura, typed or printed name of registered agent and title 1 applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE NAME  STREET ADDRESS  CITYST-ZIP  TITLE DELETE  DELETE  DELETE  DELETE	tutes, the above-named corporal sa authorized by the corporal Florida Statutes.  (NOTE Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered accept when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such charge we agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title 1 spoilcable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  DELETE  NAME  NAME	tutes, the above-named corporal sauthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered advised when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change C
office or registered agent, or both, in the State of Florida. Such charge wind agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	tutes, the above-named corporal saturtionized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered advised when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change C
office or registered agent, or both, in the State of Florida. Such charge wind agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title of spolicable.  12. OFFICERS AND DIRECTORS  TITLE   President   Delete   NAME  STREET ADDRESS   10188   Regent Circle   TITLE   Name   Delete   NAME   STREET ADDRESS   TITLE   NAME   DELETE   NAME   D	tutes, the above-named corporal sauthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature re 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered advised when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change C
office or registered agent, or both, in the State of Florida. Such charge wind agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title of applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE Registered Agent signature re 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered appointment as registered.    DATE
office or registered agent, or both, in the State of Florida. Such charge will agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Storatura, typed or printed name of registered agent and title of spolicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  DELETE	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE Registered Agent signature record to the corporal statutes.)  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered appointment as registered.    DATE
office or registered agent, or both, in the State of Florida. Such charge will am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Structure, typed or printed name of registered agent and title of spoilcable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record in the corporal statutes.)  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered address the property of the appointment as registered and the appointment as regist
office or registered agent, or both, in the State of Florida. Such charge wind agent. I am familiar with, and accept the obligations of, section 607.0505,  SIGNATURE  Signature, hyped or printed name of registered agent and the f spokeable.  12. OFFICERS AND DIRECTORS  TITLE MAKE  STREET ADDRESS  CITY.ST.ZIP  TITLE  NAME  STREET ADDRESS  CITY.ST.ZIP  TITLE  DELETE	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE Registered Agent signature record in the corporal statutes).  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	poration submits this statement for the purpose of changing its registered atton's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered appointment as registered.    DATE
office or registered agent, or both, in the State of Florida. Such charge will am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Signature, typed or printed name of registered agent and title of spoilcable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  DELETE  NAME  DELETE  NAME  DELETE  NAME  DELETE  NAME  DELETE  NAME	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE Registered Agent signature record of the corporal statutes).  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered address the property of the appointment as registered and the appointment as regist
office or registered agent, or both, in the State of Florida. Such charge will agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Structure, typed or printed name of registered agent and title of spolicable.  12. OFFICERS AND DIRECTORS  TITLE   DELETE   DELETE   NAME  STREET ADDRESS   10   8 & Regent Circle  TITLE   Name   DELETE   NAME  STREET ADDRESS   CITY-ST-ZIP  TITLE   DELETE   NAME  STREET ADDRESS   CITY-ST-ZIP  TITLE   DELETE   NAME  STREET ADDRESS   CITY-ST-ZIP  TITLE   DELETE   NAME   DELETE	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record of the corporal signature record of the corp	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered address the property of the appointment as registered and the appointment as regist
office or registered agent, or both, in the State of Florida. Such charge will am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Stream, typed or printed name of registered agent and tice of applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE  NAME  STREET ADDRESS  CITYST-ZIP	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record as a signat	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered additions to board of directors. I hereby accept the appointment as registered accept the appointment accept the appointmen
office or registered agent, or both, in the State of Florida. Such creating we agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Stream of registered agent and the f applicable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE  NAME  STREET ADDRESS  CITYST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  OBLETE  OBLETE  OBLETE	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record of the corporal signature record of the corp	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered applications as registered applications. I hereby accept the appointment as registered applications.    DATE
office or registered agent, or both, in the State of Florida. Such creating with agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Street and Difference or printed name of registered agent and title of spoilcable.  12. OFFICERS AND DIRECTORS  TITLE PRESIDENT DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  DELETE  NAME  OBLETE  NAME	tutes, the above-named corporal saluthorized by the corporal Florida Statutes.  (NOTE: Registered Agent signature record of the corporal statutes.)  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered additions to board of directors. I hereby accept the appointment as registered accept the appointment accept the appointmen
office or registered agent, or both, in the State of Florida. Such creating we agent. I am familiar with, and accept the obligations of, section 607.0505, SIGNATURE  Stream of the obligations of section 607.0505, SIGNATURE  Stream of the obligations of section 607.0505, SIGNATURE  Street ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  OBLETE  OBLETE	Intres, the above-named corporate suthorized by the corporate Florida Statutes.  PNOTE Registered Agent signature in 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered appointment as registered appointment as registered appointment as registered.    DATE

SIGNATURE REQUIRED 1-30-99

EARD TYPED OR PRINTED NAME OF SIGNING OFFICER DR DRECTOR Michel Melancon

President