SECRETARY Addition CEOD TITLE TITLE Delete ROSERT P. MICHAELSOU, MICHAELSON, ROBERT P NAME NAME PO BOX THDIOZ 1313 S. MILITARY TRAIL #214 STREET ADDRESS STREET ADDRESS HURAR COLUMNA FUDEIOR 33474-0102 C!TY-SY-ZIP CHY-ST-ZIE DEERFIELD BEACH FL 33442 ☐ Change Addition VPD Delete TITLE TITLE ADELMAN, STEVE NAME NAME STREET ADDRESS 1313 S. MILITARY TRAIL #214 STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP DEERFIELD BEACH FL 33442 CFO **₽** ∂nange Addition ☐ Delete TITLE TITLE MICHAELSON, RIKK MICHAELSON, RIKKI P RIKKI NAME NAME 1313 S. MILITARY TRAIL #214 STREET ADDRESS STREET ADDRESS 32474- 0 10Z FLORIDA CITY-ST-ZIP BOYLITON BEACH DEERFIELD BEACH FL 33442 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE ADELMAN, JUDY H NAME NAME 1313 S. MILITARY TRAIL #214 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DEERFIELD BEACH FL 33442 Addition ☐ Change ☐ Delete TITLE INTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition . 🔲 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 posturer of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2000

124 482-8245

Date

Daytime Phone #