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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081876

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90090 001 \*\*\*150.00

| IMAGE WOHLD MARKE                                                                                                                                                                                                                                                           | HING, INC.                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | J (88)1861 (48 18 18 18 18 18 18 18 18 18 18 18 18 18 |                            |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------|----------------------------|-----------------------------------------------|
| Principal Place of Business  3516 SHORELINE CIR PALM HARBOR FL 34684  Mailing Address 3516 SHORELINE CIR PALM HARBOR FL 34684  PALM HARBOR FL 34684                                                                                                                         |                                                                                                                                | CIR<br>34684                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                       |                            |                                               |
|                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | 3. Date                                  | DO NOT WRITE IN TH                                    | HIS SPACE                  | <b>.</b>                                      |
| 2. Principal Place of Business                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | 3. Date 1                                | ncorporated or Qualifed 1/1998                        |                            |                                               |
| 1                                                                                                                                                                                                                                                                           | 2a. Mailing Address                                                                                                            | s                                                                                                                                                                                                                                                                                                                                                                                                | 4. FEI No                                | 1/ 1330<br>Imber                                      | ·                          |                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                         | 26                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                  | 5                                        | 9-3340265                                             | <u> </u>                   | Applied For                                   |
| 2 City & City                                                                                                                                                                                                                                                               | 27                                                                                                                             | C                                                                                                                                                                                                                                                                                                                                                                                                | S. Cortifo                               |                                                       | <b>CO</b> 2                | Not Applica                                   |
| City & State                                                                                                                                                                                                                                                                | City & State                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | ate of Status Desired                                 | <b>30.</b> 7               | 75 Additional                                 |
| 7in                                                                                                                                                                                                                                                                         | 28                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                  | 6. Election                              | Campaign Financing                                    |                            | 00 May Be                                     |
| Counti                                                                                                                                                                                                                                                                      | ├─ <b>┐</b>                                                                                                                    | Country                                                                                                                                                                                                                                                                                                                                                                                          | Irust F                                  | und Contribution                                      | ٨٨٨                        | led to Fees                                   |
|                                                                                                                                                                                                                                                                             | 29 29 29 29 29 29 29 29 29 29 29 29 29 2                                                                                       | 30                                                                                                                                                                                                                                                                                                                                                                                               | Person:                                  | poration owes the current year I                      | ntangible                  |                                               |
|                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | 10. Name a                               | and Address of New Registered                         | _ ☐ Yes                    | □No                                           |
| LABRECQUE, EDWARD (                                                                                                                                                                                                                                                         | C                                                                                                                              | 81 Na                                                                                                                                                                                                                                                                                                                                                                                            | me                                       | or new Registered                                     | Agent                      |                                               |
| 1202 NEBRASKA AVE                                                                                                                                                                                                                                                           | _                                                                                                                              | 82 Str                                                                                                                                                                                                                                                                                                                                                                                           | eet Address (P.O. Box I                  | Number is Not Acceptable)                             |                            |                                               |
| PALM HARBOR FL 34683                                                                                                                                                                                                                                                        | 3                                                                                                                              | 83                                                                                                                                                                                                                                                                                                                                                                                               |                                          | vortiber is Not Acceptable)                           |                            |                                               |
|                                                                                                                                                                                                                                                                             |                                                                                                                                | 83                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                       |                            |                                               |
| D                                                                                                                                                                                                                                                                           |                                                                                                                                | 84 City                                                                                                                                                                                                                                                                                                                                                                                          | ,                                        | <u></u>                                               |                            |                                               |
| office or registered agent or both                                                                                                                                                                                                                                          | ions 607.0502 and 607.1508, Florida St<br>in the State of Florida. Such change wa<br>opt the obligations of, Section 607.0505, | latutes the above                                                                                                                                                                                                                                                                                                                                                                                | - <del>-</del>                           | FI                                                    | 85 Zi                      | p Code                                        |
| agent. I am familiar with, and acce                                                                                                                                                                                                                                         | of the State of Florida. Such change wa                                                                                        | as authorized by the co                                                                                                                                                                                                                                                                                                                                                                          | ed corporation submits                   | this statement for the purpose of                     | changing i                 |                                               |
|                                                                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | PURBLION'S board of die                  |                                                       |                            |                                               |
|                                                                                                                                                                                                                                                                             |                                                                                                                                | Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                | sporation's board of dire                | ectors. I hereby accept the appoi                     | ntment as                  | registered<br>registered                      |
| Signature, typed or printed name of                                                                                                                                                                                                                                         | of registered agent and title if applicable                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                  |                                          | ectors. I hereby accept the appoi                     | ntment as                  | registered<br>registered                      |
| Signature, typed or printed name of                                                                                                                                                                                                                                         | of registered agent and title if applicable. (N<br>FICERS AND DIRECTORS                                                        | OTE: Registered Agent signatu                                                                                                                                                                                                                                                                                                                                                                    | re required when reinstating)            |                                                       |                            |                                               |
| Signature, typed or printed name of OF                                                                                                                                                                                                                                      | of registered agent and title if applicable. (N<br>FICERS AND DIRECTORS                                                        | OTE: Registered Agent signatu                                                                                                                                                                                                                                                                                                                                                                    | re required when reinstating)            |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OF  D  CANATSEY, MICHAE                                                                                                                                                                                                                 | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE                                                   | IOTE: Registered Agent signatu                                                                                                                                                                                                                                                                                                                                                                   | re required when reinstating)            |                                                       |                            | ORS IN 12                                     |
| Signature, typed or printed name of OF  OF  CANATSEY, MICHAE  ETADDRESS 3516 SHORELINE CH                                                                                                                                                                                   | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE  O                                                | IOTE: Registered Agent signatu<br>13.<br>1.1 TITLE                                                                                                                                                                                                                                                                                                                                               | re required when reinstating) ADDITION   |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OF  CANATSEY, MICHAE  ST-ZIP PALM HARBOR FL 34  D                                                                                                                                                                                       | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684                                      | IOTE: Registered Agent signatu 13. 1.1 TITLE 1.2 NAME                                                                                                                                                                                                                                                                                                                                            | re required when reinstating) ADDITION   |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OFF CANATSEY, MICHAE ST-ZIP PALM HARBOR FL 34 D CANATSEY, PATRICIA                                                                                                                                                                      | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O R 14684                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES                                                                                                                                                                                                                                                                                                                                                         | re required when reinstating) ADDITION   |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of CANATSEY, MICHAE  ST-ZIP PALM HARBOR FL 3-  CANATSEY, PATRICIA  D  CANATSEY, PATRICIA  T ADDRESS  3516 SHORELINE CIR                                                                                                                    | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O R 14684                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME                                                                                                                                                                                                                                                                                                                      | re required when reinstating)  ADDITION: |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OF CANATSEY, MICHAE 3516 SHORELINE CIL PALM HARBOR FL 3-D CANATSEY, PATRICIA 3516 SHORELINE CIR TADDRESS 3516 SHORELINE CIR                                                                                                             | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O R 14684                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                   | re required when reinstating)  ADDITION: |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of CANATSEY, MICHAE  3516 SHORELINE CII PALM HARBOR FL 3- D CANATSEY, PATRICIA TADDRESS 3516 SHORELINE CIR                                                                                                                                 | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684  DELETE A A R                        | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                   | re required when reinstating)  ADDITION: |                                                       | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OF  CANATSEY, MICHAE 3516 SHORELINE CII PALM HARBOR FL 3  CANATSEY, PATRICIA 3516 SHORELINE CIR TADDRESS T-ZIP PALM HARBOR FL 34                                                                                                        | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O R 14684                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE                                                                                                                                                                                                                                                                         | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT Change            | ORS IN 12 Addition                            |
| Signature, typed or printed name of OF  CANATSEY, MICHAE 3516 SHORELINE CII PALM HARBOR FL 34  CANATSEY, PATRICIA 3516 SHORELINE CIR PALM HARBOR FL 34  FADDRESS                                                                                                            | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684  DELETE A A R                        | 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                                                                                                                                                                                                                                                               | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT                   | ORS IN 12                                     |
| Signature, typed or printed name of OF  CANATSEY, MICHAE 3516 SHORELINE CII PALM HARBOR FL 34  TADDRESS T-ZIP  SIGNATION  CANATSEY, PATRICIA 3516 SHORELINE CIR PALM HARBOR FL 34                                                                                           | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684  DELETE A A R                        | 13. 1.1 T/TLE 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                                                                                                                                                                                                                                            | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT Change            | ORS IN 12 Addition                            |
| Signature, typed or printed name of OF  CANATSEY, MICHAE 3516 SHORELINE CII PALM HARBOR FL 34  CANATSEY, PATRICIA 3516 SHORELINE CIR PALM HARBOR FL 34  FADDRESS                                                                                                            | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684  DELETE A A R                        | 13. 1.1 T/TLE 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                                                                                                                                                                                                                           | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT Change            | ORS IN 12 Addition                            |
| Signature, typed or printed name of OF  CANATSEY, MICHAE 3516 SHORELINE CII PALM HARBOR FL 34  TADDRESS T-ZIP  TADDRESS T-ZIP  TADDRESS T-ZIP  TADDRESS T-ZIP  SIGNATION TADDRESS T-ZIP  TADDRESS T-ZIP                                                                     | of registered agent and title if applicable. (N FICERS AND DIRECTORS  L O IR H4684  DELETE A A R H684                          | IOTE: Registered Agent signature  13. 1.1 T/TLE 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                                                                                                                                                                               | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT Change            | ORS IN 12  Addition  Addition                 |
| Signature, typed or printed name of OF OF CANATSEY, MICHAE 3516 SHORELINE CIL PALM HARBOR FL 34 OF CANATSEY, PATRICIA 3516 SHORELINE CIR PALM HARBOR FL 34 ADDRESS F-ZIP                                                                                                    | of registered agent and title if applicable. (N FICERS AND DIRECTORS  L O IR H4684  DELETE A A R H684                          | 13. 1.1 T(TLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C(TY-ST-ZIP 2.1 T(TLE 2.2 NAME 2.3 STREET ADDRESS 2.4 C(TY-ST-ZIP 3.1 T(TLE 3.2 NAME 3.3 STREET ADDRESS 3.4 C(TY-ST-ZIP 4.1 T(TLE 4.2 NAME                                                                                                                                                                                                         | re required when reinstating)  ADDITION: | DATE<br>S/CHANGES TO OFFICERS AN                      | D DIRECT ☐ Change ☐ Change | ORS IN 12 Addition                            |
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| Signature, typed or printed name of OFE E E E E E E E E E E E E E E E E E E                                                                                                                                                                                                 | of registered agent and title if applicable. (N FICERS AND DIRECTORS  DELETE L O IR 14684  DELETE DELETE                       | 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 32 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 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE                                       | re required when reinstating)  ADDITION: | DATE S/CHANGES TO OFFICERS AN                         | D DIRECT Change            | ORS IN 12  Addition  Addition                 |
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officer or director of the corporation Block 12 or Block 13 if changed, e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in sess, with all other like empowered.

IGNATURE:

IG OFFICER OR DIRECTOR

727-786-6895