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 # P98000093727

Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90153 006 ***150.00

| NODENI | ENNOT, INC. | , | | , | | | | | |
|---|--|---|--|---|---|------------------------------------|--|--|--|
| Principal Place | e of Business | Mailing Address | | | · | 18911891 (18 1818) | I MISH ORDIT BOOK OUTH S | INNE COLOR INCLES | 11 0 11 1001 1001 |
| 9361 N.W. 38TH | | 9361 N.W. 38TH PLACE | | | | | | | |
| SUNRISE FL 33 | | SUNRISE FL 33351 | | | | | | | |
| | | | | | | | NOT WRITE IN T | HIS SPACE | |
| | | | | | | ncorporated o | or Qualifed | | |
| | | | | | | 1/1998 | | 71. | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI N | -087 | 4475 | | plied For |
| 21 | | 26 | | | | <u> </u> | 1175 | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | _ | 5. Certif | cate of Status | Desired | \$8.75 A | |
| 22 | | City 9 State | | | | | | | |
| City & State | e . | City & State | | | I =- | on Campaign Fund Contribu | - 11 | \$5.00 Added t | |
| 23 | Country | 28 | Countr | | | | | | 0 1 663 |
| Zip | , m | | 30 | y | | nal Property T | es the current yea | | □No |
| 24 | 25 9. Name and Address of Curre | | 30] | | | <u>-</u> | s of New Register | | |
| | 3. Maine and Address of Curre | in ivediateien wheiit | 81 | 1 Name | 10. 110111 | | | | |
| SCH | IWEITZER, CHARLES E | | | | | | | | |
| | BAYVIEW DRIVE #320 | | 82 | 2 Street | Address (P.O. Bo | x Number is N | Not Acceptable) | | |
| | T LAUDERDALE FL 33304-2542 | | 83 | 3 | | | | | |
| , • | | | [" | 1 | | | | | |
| | • | · · | 84 | 4 City | <u> </u> | | | FL 85 Zip C | Code |
| | | | | 1 | | | | | |
| | | 00 1007 1500 Ft 11 Ot-1-1- | - 466- | | a a a a a a a dia a a a a a b a | ian ahin ntntnm | ant for the nurnee | a of changing ite. | ranietorea |
| - office are | to the provisions of Sections 607.05 | of Florida≐Such change was a⊩ | ithorized by | v the com | corporation subn | its this statem directors. I'he | ent for the purpos ereby accept the a | e of changing its ppointment as re | registered gistered |
| - office are | to the provisions of Sections 607.050 egistered agent, or:both, in the State im familiar with, and accept the obligations. | of Florida≐Such change was a⊩ | ithorized by | v the com | corporation subnoration's board of | its this statem directors. I'he | ent for the purpos ereby accept the a | e of changing its ppointment as re | registered |
| - office are | registered agent, or:both, in the State im familiar with, and accept the obligi | of Florida: Such change was au ations of, Section 607.0505, Flor | ithorized by ida Statute | y the comp s. | oration's board of | directors. I ne | ereby accept the a | ppointment as re | registered gistered |
| - office or n agent. I a SIGNATURE | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: | ithorized by ida Statute Registered Age | y the comp s. | oration's board of | directors. I ne | oreby accept the al | ppointment as re | gistered |
| -office or n agent. I a SIGNATURE | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS | thorized by ida Statute Registered Age | y the corp s. ent signature | required when reinstatin | ONS/CHANG | DATE STO OFFICERS | E AND DIRECTO | RS IN 12 |
| office or nagent. I a SIGNATURE 12. | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: | Registered Age 13. | y the corp | required when reinstatin | ONS/CHANG | DATE STO OFFICERS | ppointment as re | gistered |
| -office or n agent. I a SIGNATURE | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS | Registered Age 13. 1.1 TITLE 1.2 NAME | y the corps. | required when reinstatin | ONS/CHANG | DATE STO OFFICERS | E AND DIRECTO | RS IN 12 |
| office or nagent. I a SIGNATURE 12. | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE | y the corp s. ent signature | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E AND DIRECTO | RS IN 12 |
| - office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent, or both, in the State in familiar with, and accept the oblig- | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- | y the corp s. ent signature ET ADDRESS ST-ZIP | required when reinstatin | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 |
| -office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was au ations of, Section 607.0505, Flor ent and title if applicable. (NOTE: ND DIRECTORS | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE | erit signature | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E AND DIRECTO | RS IN 12 |
| - office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | registered agent, or both, in the State in familiar with, and accept the oblig- | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- | erit signature | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 |
| - office or nagent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | registered agent, or both, in the State in familiar with, and accept the oblig- | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | erit signature | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 |
| office or nagent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE | y the corp s. ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change | RS IN 12 Addition |
| - office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | registered agent, or both, in the State in familiar with, and accept the oblig- | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE | y the corp s. ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | registered agent, or both, in the State in familiar with, and accept the oblig- | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE | y the corp s. ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 Addition |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. ND DIRECTORS DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME | y the corp s. ent signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 Addition |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME | y the corp s. ent signature ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT ROBERT ROBERT | ONS/CHANG | DATE DATE | B AND DIRECTO Change Change | RS IN 12 Addition Addition |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. ND DIRECTORS DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE | y the corp s. ent signature ert ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert (936) NM St | ONS/CHANG | DATE DATE | E S AND DIRECTO Change | RS IN 12 Addition |
| - office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- | y the corp s. erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT PROBLEM OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUME SUME SUME SUME SUME SUME SUME SUM | ONS/CHANG | DATE DATE | B AND DIRECTO Change Change | RS IN 12 Addition Addition |
| office or nagent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME | y the corp s. erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert (936) NM St | ONS/CHANG | DATE DATE | B AND DIRECTO Change Change | RS IN 12 Addition Addition |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS | required when reinstating ADDIT PRESIDENT PROBLEM OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUME SUME SUME SUME SUME SUME SUME SUM | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition |
| office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT PROBLEM OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUME SUME SUME SUME SUME SUME SUME SUM | ONS/CHANG | DATE DATE | B AND DIRECTO Change Change | RS IN 12 Addition Addition |
| office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT PRESIDENT PROBLEM OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUMMERS OF THE SUME SUME SUME SUME SUME SUME SUME SUM | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition |
| office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert Robert Robert Robert Robert | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition |
| Office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert Robert Robert Robert Robert | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition |
| - office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida. Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE 5.3 STREE | y the corp s. erit signature erit signature Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP Et ADDRESS ST-ZIP | required when reinstating ADDIT President Robert Robert Robert Robert Robert | ONS/CHANG | DATE DATE | E S AND DIRECTO Change Change Change | RS IN 12 Addition Addition Addition |
| Office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered age OFFICERS A | of Florida: Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE | Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 TITLE 5.7 NAME 5.8 STREE 5.8 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert Robert Robert Robert Robert | ONS/CHANG | DATE BS TO OFFICERS | BAND DIRECTO Change Change Change Change | RS IN 12 Addition Addition Addition |
| Office or ragent. I a. SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | egistered agent, or both, in the State im familiar with, and accept the oblig. Signature, typed or printed name of registered egistered square. OFFICERS A | of Florida: Such change was at ations of, Section 607.0505, Florent and title if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME | y the corp s. erit signature erit signature ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP | required when reinstating ADDIT President Robert Summission Number 1 | ONS/CHANG | DATE BS TO OFFICERS | BAND DIRECTO Change Change Change Change | RS IN 12 Addition Addition Addition |

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATUR

954-609-0430