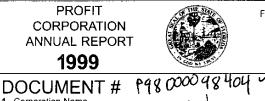
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ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1999 8:00 am **Secretary of State**

05-17-1999 90089 017 ***150.00

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PROFIT	A DE SO	FLORIDA DEPARTMENT OF STATE	F
CORPORATION		Katherine Harris	May 17,

Principal Place of Business PO BOL181004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11 -98 Applied For Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year intangible □No Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered level, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change Addition DELETE TITLE 1.1 TITLE KAHLICENTAUGEON 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 2.1 TITLE POUCE E. JACKSON 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE NAME. 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 hame appears in Block 12 or Block 13 if Chapter or on an attachment with an address, with all other like empowered.