OCUMENT # S17976 (9)         SIFTS. LTD., INC.         Description Nume         ALF.TS. LTD., INC.         Signatures       Maing Address         Procoverback BVD       200 w. COMPERCUL BVD.         Signatures       Maing Address         Procoverback BVD       200 w. COMPERCUL BVD.         Signatures       Maing Address         Procoverback BVD       200 w. COMPERCUL BVD.         Signatures       B. Maing Address         Procoverback BVD       200 w. COMPERCUL BVD.         Signatures       B. Maing Address         Windpace Of Business       B. Maing Address         Transpectores       Sole Applied Fp         Signatures       Sole Applied Fp <t< th=""><th>PF</th><th>ROFIT</th><th></th><th>FLORIDA DEPA</th><th></th><th></th><th></th><th>ILE</th><th></th><th></th></t<>	PF	ROFIT		FLORIDA DEPA				ILE		
UNISON OF CORPORATIONS         Second the interves       Second the interves       Second the interves         OCUMENT # S17976 (9)         BALF.T.S. LTD., INC.       Mailing Address       200 % COMURCAL BUD.       200 % COMURCAL BUD.         200 M COMURCAL BUD.       200 % COMURCAL BUD.       200 % COMURCAL BUD.       300 % COMURCAL BUD.         201 M COMURCAL BUD.       200 % COMURCAL BUD.       500 % COMURCAL BUD.       300 % COMURCAL BUD.         201 M COMURCAL BUD.       200 % COMURCAL BUD.       500 % COMURCAL BUD.       500 % COMURCAL BUD.         201 M COMURCAL BUD.       200 % COMURCAL BUD.       500 % COMURCAL BUD.       500 % COMURCAL BUD.       500 % COMURCAL BUD.         201 M COMURCAL BUD.       201 M COMURCAL BUD.       500 M COMURCAL BU										
GLF.T.S. LTD., INC.         Coal-Place of Builhouts       Mailing Address         200 M COMMERCAL BXD.       220 M COMMERCAL BXD.         201 M COMMERCAL BXD.       220 M COMMERCAL BXD.         202 M COMMERCAL BXD.       220 M COMMERCAL BXD.         203 Macronal E R, 33309       21 Mailing Address         204 M Commercial BXD.       220 M COMMERCAL BXD.         205 M Commercial BXD.       21 Mailing Address         206 M Commercial BXD.       21 Mailing Address         207 M Commercial BXD.       21 Mailing Address         208 M Commercial BXD.       21 Mailing Address         209 A State       20 Mailing Address         200 M Commercial BXD.       21 Mailing Address         201 M Commercial BXD.       20 Mailing Address         202 M Commercial BXD.       20 Mailing Address         203 M Commercial BXD.       20 Mailing Address         204 M Commercial BXD.       20 Mailing Address	1.85			7.7/			Secretary of State			
GLF.T.S. LTD., INC.         Coal-Place of Builhouts       Mailing Address         200 M COMMERCAL BXD.       220 M COMMERCAL BXD.         201 M COMMERCAL BXD.       220 M COMMERCAL BXD.         202 M COMMERCAL BXD.       220 M COMMERCAL BXD.         203 Macronal E R, 33309       21 Mailing Address         204 M Commercial BXD.       220 M COMMERCAL BXD.         205 M Commercial BXD.       21 Mailing Address         206 M Commercial BXD.       21 Mailing Address         207 M Commercial BXD.       21 Mailing Address         208 M Commercial BXD.       21 Mailing Address         209 A State       20 Mailing Address         200 M Commercial BXD.       21 Mailing Address         201 M Commercial BXD.       20 Mailing Address         202 M Commercial BXD.       20 Mailing Address         203 M Commercial BXD.       20 Mailing Address         204 M Commercial BXD.       20 Mailing Address			617976	(9)						
Open Theory of Business         Maling Address           200 PC COMERCIAL BADD 303 ALIDERDALE FL 3309         200 PC COMERCIAL BADD 35T 203 PT LAUDERDALE FL 3309-3059 US         1. Date incorporated or Qualified 12/12/1990         1. Date incorporated or Qualified 12/12/1990         1. Date of Counting 200 PC County         1. Date incorporated or Qualified 200 PC County         1. Date Archive 200 PC County         2. Date incorporated or Qualified 200 PC County         1. Name and Address of Name Registered Agent         10. Name and Address of Name Register	-									
Open Theory of Business         Maling Address           200 PC COMERCIAL BADD 303 ALIDERDALE FL 3309         200 PC COMERCIAL BADD 35T 203 PT LAUDERDALE FL 3309-3059 US         1. Date incorporated or Qualified 12/12/1990         1. Date incorporated or Qualified 12/12/1990         1. Date of Counting 200 PC County         1. Date incorporated or Qualified 200 PC County         1. Date Archive 200 PC County         2. Date incorporated or Qualified 200 PC County         1. Name and Address of Name Registered Agent         10. Name and Address of Name Register										
State       STE 20 FT LUDERALE FL 3309       STE 20 FT LUDERALE FL 3309       I. Date Incorporated or Qualified       Is. Date Incorpore Incorporated or Qualified       I					IVD		r oddind odd fedir fadini refer andle and	#(#)) #(#)) #)	All Alate Dillet I	11 <b>8</b> 14 (88)
US	E 203		5	TE 203						
Parcipar Place of Business         Zar. Malling Address         4. PEt Number         Lepted 57           Sunds. Apt. #, edc.         28         Sunds. Apt. #, edc.         5. Contribute of Status Desired         \$8,75 AddRess           Sinds. Apt. #, edc.         27         Chy & State         5. Contribute of Status Desired         \$8,75 AddRess           Sinds. Apt. #, edc.         28         Country         5. Contribute of Status Desired         \$8,75 AddRess           Sinds. Apt. #, edc.         28         Country         8. Election Cempaign Financing         \$5.00 May Sec.           Sinds. Apt. #, edc.         28         Country         8. The compasition has liability for inpfrable statuments. 169:03:         Address of New Registered Apent           ROSS, ALLENGETS LT 1         200         Country         8. The compasition has liability for inpfrable statument for the purpose of changing its registered apent.         10. Name and Address of New Registered Apent           ROSS, ALLENGETS LT 1         200 W. COMMERCAL BLVD.         28         Steet Address of New Registered Apent         20           ROSS, ALLENGETS LT 1         200 W. COMMERCAL BLVD.         200 W. Commercal apent. or tools was autorized by the corporation's board of directors. Interest apent and haddress of New Registered Apent         20           Proceed apent. or tools was autorized by the corporation's board of directors. Interest apport name as autorized by the corporation's b	Choochonce						· ·			port
and e. Aptil. #, etc.       Solet. Aptil. #,	Principa! Plac	ce of Business		Mailing Address			4. FEI Number		Apr	
Ally & Store       Image: City & Store	Suite, Apt. #,	, elc		Suite, Apt. #, etc.					\$8.75 A	dditional
App     Country     Zip     Country     8. This corporation has liability for introduction to the providence of the window is 199.03. Flocids Statutes     Market and Address of Current Registered Agent       POSS, ALLENGETS LT 1 2200 W. COMMERCIAL BLVD. STE 203 FT LAUDERDALE FL 33309     1     1     Name and Address of New Registered Agent       PORSS, ALLENGETS LT 1 2200 W. COMMERCIAL BLVD. STE 203 FT LAUDERDALE FL 33309     1     1     Name     1     Name       Product to the providence of Sections 607.0502 and 607 1555. Florids Statutes, the above named corporation submits this statement to the providence of benchmarks or applications of Section 607.0505. Florids Statutes, the above named corporation submits this statement to the providence of benchmarks or applications of Section 607.0505. Florids Statutes, the above named corporation submits this statement to the providence of benchmarks or applications of Section 607.0505. Florids Statutes, the above named corporation benchmarks or applications of the comparison of Section 607.0505. Florids Statutes, the above named corporation benchmarks or applications of the comparison of Section 607.0505. Florids Statutes, the above named corporation benchmarks.       NATURE     Description of the comparison of Section 607.0505. Florids Statutes, the above named corporation benchmarks.     Internamed corporation benchmarks.       NATURE     Description of the comparison of the compar	City & State			City & State					\$5.00	May Be
	Zip	Cou		Zip	Country	, . /				
HOSS, ALLERVARYS LT I     220 W. COMMERCIAL BLVD.     STE 203     FT LAUDERDALE FL 33309      CFFFCERS AND DIRECTORS      STREFT A00RESS      STREFT				stered Agent	30					······
STE 203 FT LAUDERDALE FL 33309       B3         B4       City       FL association         B5       B6       City       FL association         B6       City       FL association       B5         B7       City       FL association       B5       20 Code         B7       City       FL association       B5       20 Code       B5       20 Code         B7       City       City       B5       20 Code       B5       20 Code       B5       20 Code       B5       20 Code       B5					81	Name				
FT LAUDERDALE FL 33309       43         Automation       44         City       FL         Pursuant to the provisions of Sections 607.0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. If an familiar with, and accept the objections. Social of 07.0502, Florida Statutes.         NATURE       Benatics, Strid do principano in register agent status in register agent. If an familiar with, and accept the objections. O, Section 607.0505, Florida Statutes.         NATURE       OFFTICERS AND DIRECTORS         OFFTICERS AND DIRECTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.         P       DELETE         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.         ROSS, ALLEN       13.         22.00 W. COMMERCIAL BLVD, STE 203       13.         Street ADDRES			IL BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its register agent, or bonny, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent and analysis of the appoint agent agent and analysis of the appointed agent agent and agent agent agent and agent ag			33309		83					
Purchase to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named expression submits this statement for the purchase of changing the register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.         NATURE					84	City	<u>,   </u>	FI	85 Zip C	ode
E     ROSS, ALLEN     12 NAME       ET ADDRESS     13 STREET ADDRESS       SI: 2P     14 CITY-SI-2P       E     220 WM. COMMERCIAL BLVD. STE 203       FT LAUDERDALE FL 33309     14 CITY-SI-2P       E     22 NAME       E     22 NAME       EI ADDRESS     23 STREET ADDRESS       -SI: 2P     24 CITY-SI: 2P       -     33 STREET ADDRESS       -SI: 2P     -       -     DELETE       31 STREET ADDRESS       -SI: 2P     -       -     -       -     DELETE       31 STREET ADDRESS       -SI: 2P     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -     -       -	office or reg agent I am	the provisions of S gistered agent, or b i familiar with, and a	Sections 607.0502 and 6 both, in the State of Flori accept the obligations c	607.1508, Florida Statu ida. Such change was of, Section 607.0505, F	ites, the abov authorized b lorida Statute	e-named cor y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep		changing its sintment as i	egistered
ET ADDERSS 2200 W. COMMERCIAL BLVD. STE 203 FT LAUDERDALE FL 33309 14 CITY-ST-2IP CL CL Change CL	agent I am	i familiar with, and a	accept the obligations on name of registered agent and title	e if applicable (NO	Iorida Statute	\$.	ured when reinstating)	DUTPOSE OF ot the appo	·····	
Image: Delete of the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Forida Statutes. I further certify that the information supplied with finis filing does not qualify for the exempt	agent I am SNATURE Su	n familiar with, and a opiative, typicitier privited r	accept the obligations on name of registered agent and title	bi, Section 607.0505, F e if applicable (NO CTORS	Iorida Statute DE Registered Ag 13. 1.1 TIFLE	\$.	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTOR	6 <u>IN</u> 12
E     22 NAME       Ef ADDRESS     23 STREET ADDRESS       ST. 7P     2.4 QIY'-ST-2/P       E     31 TILE       B     32 NAME       ST. 7P     33 STREET ADDRESS       ST. 7P     34, QIY'-ST-2/P       Change     Add       ST. 7P     34, QIY'-ST-2/P       Change     Add       ST. 7P     34, QIY'-ST-2/P       Change     Add       ST. 7P     Change       Change     Add       ST. 7P     Change       Address     43 STREET ADDRESS       ST. 7P     Change       Address     43 STREET ADDRESS       ST. 7P     Change       Address     43 STREET ADDRESS       ST. 7P     Change       Address     53 STREET ADDRESS       ST. 7P     Change       Address     53 STREET ADDRESS       ST. 7P     Change       Address     53 STREET ADDRESS       ST. 7P     STREET ADDRESS       ST. 7P     Change       Change     Address       ST. 7P     Change       Change     STREET ADDRESS       ST. 7P     STREET ADDRESS       ST. 7P     STREET ADDRESS       ST. 7P     Change       Change	agent I am SNATURE	n familiar with, and a openine, typed or printed r P ROSS, ALLEN	accept the obligations of name of registered agent and title OFFICERS AND DIRE	n If applicable (NO CTORS DELETE	TE Augistered Ag 13. 1.1 TITLE 1.2 NAME	S.	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTOR	6 IN 12
ST: 2P       2.4 CitY-ST-ZP         E       31 TiTLE         Add         ST: 7P         S	agent I am SNATURE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F In applicable (NO CTORS DELETE 203	TE Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3	S. ent signature requ T ADORESS	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS	S IN 12
Image: DELETE       3.1 TITLE       Image: Delete       Add         E       3.2 NAME       3.3 STREET ADDRESS       3.3 STREET ADDRESS         -S1 - 7P       3.4 CITY - S1 - 2P       Image: Delete       Add         E       Image: Delete       4.1 TITLE       Image: Delete       Add         E       Image: Delete       5.1 TITLE       Image: Delete       Add         E       Image: Delete       5.3 STREET ADDRESS       Image: Delete       Add         E       Image: Delete       5.1 TITLE       Image: Delete       Add         E       Image: Delete       5.1 TITLE       Image: Delete       Add         E       Image: Delete       5.1 TITLE       Image: Delete       Add	Agent Lam INATURE 54 E E E ETADDRESS -ST-ZIP E	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F In applicable (NO CTORS DELETE 203	Iorida Statute TE Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE	S. ent signature requ T ADDRESS S1 - 2IP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS	S IN 12
E       32 NAME         ET ADDRESS       33 STREET ADDRESS         -S1 - 7P       34, CITY - ST - ZP         E       DELETE       4.1 TITLE         E       4.2 NAME         ET ADDRESS       4.3 STREET ADDRESS         -S1 - 2P       4.4 CITY - ST - ZIP         E       -S1 - ZIP         E       -S1 - ZIP         E       -S1 - ZIP         E       -S1 - ZIP         E       DELETE         S1 - ZIP       -S1 - ZIP         E       DELETE         S1 - ZIP       -S1 - ZIP         E       DELETE         S1 STREET ADDRESS         -S1 - ZIP       -S1 - ZIP         E       DELETE         S1 STREET ADDRESS         -S1 - ZIP       -S1 - ZIP         E       DELETE         S1 STREET ADDRESS         -S1 - ZIP       -S1 - ZIP         E       DELETE         6 S1 TITLE       Change         ADDRESS       -S1 - ZIP         E       DELETE         6 S1 TITLE       Change         6 S STREET ADDRESS         -S1 - ZIP       -S1 - ZIP         I do hereby certify that the	agent Lam SNATURE 511 E E E E E ST ADDRESS - ST- ZIP E E E	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F In applicable (NO CTORS DELETE 203	Iorida Statute DE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE	S. ent signature required T ADORESS S1- 2IP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS	S IN 12
-ST - ZIP       34. CITY - ST - ZIP         E       I DELETE         E FI ADDRESS       43 STREET ADDRESS         -ST - ZIP       44 CITY - ST - ZIP         E       I DELETE         ST - ZIP       I DELETE         E       I DELETE         ST - ZIP       I DELETE         ST - ZIP       I DELETE         E       I DELETE         ST - ZIP       I DELETE         <	Agent Lam SNATURE 511 E E E E E E E E E E E E E	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F of applicable (NO CTORS DELETE 203 DELETE	Iorida Statute DE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	S. ent signature required T ADORESS S1- 2IP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change	S IN 12
Image: DELETE       4.1 TITLE       Image: Delete       Adit         E       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         -ST-7/P       4.4 CTY-ST-7/P       Image: Delete       Change: Image: Delete       Adit         E       Image: Delete       5.1 TITLE       Image: Delete       Change: Image: Delete       Adit         E       Image: Delete       5.1 TITLE       Image: Delete       Change: Image: Delete       Adit         E       Image: Delete       5.1 TITLE       Image: Delete       S.3 STREET ADDRESS       Image: Delete       Adit         E       Image: Delete       5.3 STREET ADDRESS       Image: S.3 STREET ADDRESS       Image: Delete       Adit         E       Image: Delete       5.1 TITLE       Image: Delete       Image: Delete       Adit         E       Image: Delete       5.1 TITLE       Image: Delete       Image: Delete <td>agent Lam SNATURE 511 E E E E E E E E E E E E E</td> <td>r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM</td> <td>accept the obligations of name of registered agent and lite OFFICERS AND DIRE</td> <td>of, Section 607.0505, F of applicable (NO CTORS DELETE 203 DELETE</td> <td>Iorida Statute 1016 Augistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE</td> <td>S. ent signature required T ADORESS S1- 2IP</td> <td>ured when reinstating)</td> <td>DUTPOSE OF ot the appo</td> <td>DIRECTORS Change</td> <td>S IN 12</td>	agent Lam SNATURE 511 E E E E E E E E E E E E E	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F of applicable (NO CTORS DELETE 203 DELETE	Iorida Statute 1016 Augistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE	S. ent signature required T ADORESS S1- 2IP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change	S IN 12
E       4 2 NAME         EFT ADDRESS       43 STREET ADDRESS         -ST-7IP       44 CITY-ST-7IP         E       DELETE         F       DELETE         S1 7/IP       Change         A4 CITY-ST-7IP         E       DELETE         S1 7/IP       Change         A4 CITY-ST-7IP         E       52 NAME         ET ADDRESS         -ST-7IP         E       53 STREET ADDRESS         -ST-7IP       S4 CITY-ST-7IP         E       DELETE         E       DELETE         E       DELETE         S1 TITLE       Change         Add         E       DELETE         S1 TITLE       Change         Add CITY-ST-7IP         E       DELETE         S1 TITLE       Change         Add CITY-ST-7IP         E       S3 STREET ADDRESS         -S1-7IP       S4 CITY-ST-7IP         E       S3 STREET ADDRESS         -S1-7IP       S4 CITY-ST-7IP         I do 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 supplied with this fi	agent Lam           SNATURE           5           E           E           E           E           E           E           E           E           E           E           E           E           FE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	of, Section 607.0505, F of applicable (NO CTORS DELETE 203 DELETE	Iorida Statute 10: Augistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	S. ent eignature requ T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change	S IN 12
- ST-ZIP	agent I am           SNATURE           E           RE           EET ADDRESS           (-ST-ZIP)           E           KE           EET ADDRESS           (-ST-ZIP)           E           AE           EFT ADDRESS           (-ST-ZIP)           E           AE           FET ADDRESS           (-ST-ZIP)	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	Iorida Statute 10: Augistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY	S. ent eignature requ T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change	S IN 12 Additic
E DELETE 51 TITLE Change Add E S2 NAME ET ADDRESS -ST-ZIP E DELETE 51 TITLE 54 CITY-ST-ZIP E DELETE 51 TITLE E DELETE 51 TITLE 54 CITY-ST-ZIP E DELETE 51 TITLE 54 CITY-ST-ZIP E S3 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 1 do 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 1 do 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 1 do 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 1 do 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 1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	agent I am           SNATURE           E           KE           EET ADDRESS           (-SI-ZIP)           E           KE           EET ADDRESS           (-SI-ZIP)           E           AE           EET ADDRESS           (-SI-ZIP)           E           AE           ET ADDRESS           (-SI-ZIP)           E           AE           FET ADDRESS           (-SI-ZIP)           E	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	Iorida Statute 10: Augistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	S. ent eignature requinature	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change	S IN 12 Additic
E       52 NAME         EET ADDRESS       53 STREET ADDRESS         -ST - ZIP       54 CITY-ST-ZIP         E       DELETE         E       DELETE         E       B         E       B         E       B         E       B         E       B         E       B         FIT ADDRESS       53 STREET ADDRESS         -ST - ZIP       B         E       B         ST - ZIP       B         I do horeby 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 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 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 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 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 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 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 supplied with this filing	agent Lam           SNATURE           51           FE           AE           FE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	Initial         Statute           11         11           12         NAME           13         STREE           14         CITY           2.1         TILE           2.2         NAME           2.3         STREE           2.4         CITY           3.1         TILE           3.2         NAME           3.3         STREE           3.4         CITY           3.1         TILE           3.2         NAME           3.3         STREE           3.4         CITY           4.1         TILE           4.2         NAME	S. ent eignature requinations of the analysis	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change	S IN 12 Additic
ET ADDRESS     53 STREET ADDRESS       -S1-ZIP     54 CITY-S1-ZIP       E     DELETE       B     DELETE       61 TITLE     Change       Adv       E     62 NAME       63 STREET ADDRESS       -S1-ZIP       E       Change       ST-ZIP       Change       Adv       -S1-ZIP       Change       Adv       -S1-ZIP       Change       Change       Adv       -S1-ZIP       Change       Change       -S1-ZIP       Change       Change       -S1-ZIP       Change       Change       -S1-ZIP       Change	agent Lam           SNATURE           51           FE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	April 1         April 1 <t< td=""><td>S. ert eignature requ T ADORESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP</td><td>ured when reinstating)</td><td>DUTPOSE OF ot the appo</td><td>DIRECTORS Change Change Change Change</td><td>S IN 12 Additic Additic Additic</td></t<>	S. ert eignature requ T ADORESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change	S IN 12 Additic Additic Additic
-ST-ZIP  -ST-ZIP -ST-	agent Lam           SNATURE           51           FE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	Application         Application           101         11         TITLE           1.1         TITLE         1.2         NAME           1.3         STREE         1.4         CITY	S. ert eignature requ T ADDRESS S1- 2IP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change	
ET ADDRESS -ST-ZIP T do 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 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify the section 119.07(3)(i), Florida Statutes. I further certify the section 119.07(3)(i), Florida Statutes. I furth	agent Lam           SNATURE           E           KE           EET ADDRESS           (-ST-ZIP)           E           KE           EET ADDRESS           (-ST-ZIP)           E           KE           FET ADDRESS           (-ST-ZIP)           E           KE           FET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           E           AE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	Application         Application           11         TITLE           1.1         TITLE           1.2         NAME           1.3         STREE           1.4         CITY           2.1         TITLE           2.2         NAME           2.3         STREE           2.4         CITY           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	S. ert eignature requ T ADORESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP T ADDRESS S1- ZIP	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change	S IN 12 Additic Additic Additic
ET ADDRESS -ST -ZIP T do 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 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 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 and that mu signature shall have the same legal effect as if made under cath	agent Lam           SNATURE           51           FE           AE           FE           FE           AE           FE           AE           FE           ADDRESS           (-S1-7)P           E           AE           EET ADDRESS           G-S1-7)P           E           AFE           ET ADDRESS	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	April 2         April 2 <t< td=""><td>S. erit eignature requinature requinature</td><td>ured when reinstating)</td><td>DUTPOSE OF ot the appo</td><td>DIRECTORS Change Change Change Change Change Change</td><td>S IN 12 Additio</td></t<>	S. erit eignature requinature	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change Change Change	S IN 12 Additio
-ST-ZIP 6.4 CITY-ST-ZIP 1 do 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 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 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 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 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 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 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 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 supplied with the section stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the section stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the section stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the section stated in Section 119.07(3)(i) for the section 119.07(3)(i) for the section stated in Section 119.07(3)(i) for the	agent I am           GNATURE           51           56           57           57           66           67           68           68           69           69           60           60           61           62           64           64           65           66           67           68	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	April 2         April 2 <t< td=""><td>S. erit eignature requinature requinature</td><td>ured when reinstating)</td><td>DUTPOSE OF ot the appo</td><td>DIRECTORS Change Change Change Change Change Change</td><td>S IN 12 Additio</td></t<>	S. erit eignature requinature	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change Change Change	S IN 12 Additio
I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fkorida Statutes. I further certify that the	agent I am           SNATURE           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           EET ADDRESS           (-ST-ZIP)           E           AE           FET ADDRESS           (-ST-ZIP)           E           AE           FET ADDRESS           (-ST-ZIP)           E           AE           ET ADDRESS           (-ST-ZIP)           E           AE	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	April A         Statute           101         Agistered Agistered Agistered Agistered Agistered Agistered Agistered Agistered Agistree           1.1         TITLE           1.2         NAME           1.3         STREE           1.4         CITY	S. erit eignature requinature	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change Change Change	S IN 12 Additic Additic Additic
I am an officer or director of the corporation on the receiver of 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 change i, or on an attachment with an address.	agent Lam           SNATURE           5NATURE           6           6           6           6           6           6           6           6           6           6           6           6           6           6           6           6           71-71P           6           71-71P	r familiar with, and a ignature, typed or pinted r P ROSS, ALLEN 2200 W. COMM	accept the obligations of name of registered agent and lite OFFICERS AND DIRE	DELETE	April A         Statute           101         13.           1.1         11112           1.2         NAME           1.3         STREE           1.4         CITY           2.1         TITLE           2.2         NAME           2.3         STREE           2.4         CITY           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           5.3         STREE           5.3         STREE           6.3         STREE	S. erit eignature requinature	ured when reinstating)	DUTPOSE OF ot the appo	DIRECTORS Change Change Change Change Change Change	S IN 12 Additic Additic Additic
	agent Lam           SNATURE           SNATURE           File           E           EET ADDRESS           (-ST-ZIP)           E           KE           EET ADDRESS           (-ST-ZIP)           E           KE           FET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           EET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           KE           ET ADDRESS           (-ST-ZIP)           E           ME           ET ADDRESS           (-ST-ZIP)           E           ME           ET ADDRESS           (-ST-ZIP)           I do hereby	r familiar with, and a sphature, typed or pinted r P ROSS, ALLEN 2200 W. COMM FT LAUDERDAL	ormation: supplied with f	this filing does not quar	April 2         April 2 <t< td=""><td>S. erit eignature requi T ADDRESS S1- 2IP T ADDRESS S1- 2IP</td><td>ADDITIONS/CHANGES TO OFFIC</td><td>DATE DATE CERS AND</td><td>DIRECTORS Change Change Change Change Change Change</td><td>S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition</td></t<>	S. erit eignature requi T ADDRESS S1- 2IP T ADDRESS S1- 2IP	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND	DIRECTORS Change Change Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition
I TAALYIA II BAA Dabababab Ba waxaa Aaalaa	agent I am           INATURE           INATURE           E           E           E           ETADDRESS           -ST-ZIP           E <tr tr=""></tr>	r familiar with, and a sphature, typed or pinted r P ROSS, ALLEN 2200 W. COMM FT LAUDERDAL	ormation: supplied with f	this filing does not quar	April 2         April 2 <t< td=""><td>S. erit eignature requi T ADDRESS S1- 2IP T ADDRESS S1- 2IP</td><td>ADDITIONS/CHANGES TO OFFIC</td><td>DATE DATE CERS AND</td><td>DIRECTORS Change Change Change Change Change Change</td><td>S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition</td></t<>	S. erit eignature requi T ADDRESS S1- 2IP T ADDRESS S1- 2IP	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND	DIRECTORS Change Change Change Change Change Change	S IN 12 Addition Addition Addition Addition Addition Addition Addition Addition
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR Date Daytime Phone 4	ADDRESS ADDRESS GADDRESS GT-ZIP ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS GT-ZIP (ADDRESS (GT-ZIP) (GD)	r familiar with, and a speaker, speed or pinted r P ROSS, ALLEN 2200 W. COMM FT LAUDERDAL FT LAUDERDAL y certify that the info indicated on this a icer or director of th Block 12 or Block JRE:	ormation supplied with 1 annual report or suppler ormation supplied with 1 annual report or suppler 13 if changel, or on an	this filing does not qua mental annual report is ceiver of trustee empto attachnent with an ac	Arrida Statute TE Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 5.3 STREE 5.4 CITY 5.1 STREE 5.4 STREE	S. ert eignature required T ADORESS S1- 2IP T ADDRESS S1- 2IP	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND SERS AND SERS AND SERS AND	DIRECTORS Change Change Change Change Change Change	S IN 12 Additi Additi Additi Additi Additi