FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999	G10 WE 180		
DOCUMENT # S1 1. Corporation Name FORD, MORGEN & STEIN			
Principal Place of Business 99228 OVERSEAH HWY- R CULLEN KEY LARGO FL 33037	QQ:	ailing Address 228 OVERSEAH HWY- R CULLEN LY LARGO FL 33037	
		a. Mailing Address	

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90014 003 ***150.00

T DEBIGOR ON HOLE HAVE HELD HAVE HELD ROOM BOOK BOOK BOOK BOOK BOOK BOOK	ľ

		Mailing Address						
cipal Place of Bu	usiness	00228 OVERSEAH HWY- R C	ULLEN	1	DO NOT WRITE	IN THIS SPAC	E	
8 OVERSEAH HW	Y- R CULLEN	KEY LARGO FL 33037		l,				
LARGO FL 33037	1	MCI		ţ	3. Date Incorporated or Qualifed			}
5,				. [12/07/1990		Applied F	or
	·				4. FEI Number	l l	Not Appl	
		2a. Mailing Address		1	59-3044570		3.75 Additio	
Principal Place	of Business	26				_ *	Fee Require	d \
, ,,,,,,	<u> </u>	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired		5.00 May	
Suite, Apt. #, et	c.	27			6. Election Campaign Financing		Added to Fee	es
03/10/11	·	City & State						
City & State		-			8. This corporation owes the curre	nt year Intangil	ble Yes ∑XN	ا ما
)	<u></u>	Zip	Country					
 Zip	Country	├ ¬ '	30		Personal Property Tax. 10. Name and Address of New R	egistered Age	nt	
1 - ·	25	29 Agent			10. 1441110		·	
<u></u>	25 9. Name and Address of Curren	Registered (19		Name	- Alex Accepts	phle)		
	4		82	Street Addr	ress (P.O. Box Number is Not Accepta	, , , , , , , , , , , , , , , , , , ,	4 4 6 7 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	2.3 (5.3)
CULLE	N, RUSSELL H.						经工程 数	
00228	OVERSEAS HIGHWAY		83	3	- 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		85 Zip Cod	ie
	NDCA EL 3303/		<u> </u>					
,,,,,			8	4 City	poration submits this statement for the tion's board of directors. I hereby acce	numose of ch	anging its req	gistered
	,	, , , , , <u>, , , , , , , , , , , , , , </u>	the abo	we-named cor	poration submits this statement for the	ept the appointr	nent as regis	(e) eu
	. 5.0 - Captions 607.05	02 and 607.1508, Florida Stat	authorized b	y the corporat	tion's board of directors			
	The provisions of Sections	e of Florida. Such change was	Iorida Statute	es				
11. Pursuant to	intered agent, or both, in the Stat	Thomas of Section 607.0000, T	Mildo Time					
11. Pursuant to	distered agent, or both, in the State is a state of the s	gations of, Section 607.0505, r	JOHOU TIE		isod when reinstating)	DATE AND	DIRECTOR	S IN 12
agent. I am	familiar with, and accept the service	_	TE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR	S IN 12
agent. I am	familiar with, and accept the sent	gent and title if applicable. (NO	OTE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12
agent. I am	familiar with, and accept the sent	_	OTE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR	S IN 12
agent. I am	familiar with, and accept the familiar with accept	gent and title if applicable. (NO	13. 1.1 TITL 1.2 NA	gent signature requ LE	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR	S IN 12 Addition
agent. I am SIGNATURE 5	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT	gent and title if applicable. (NO	13. 1.1 TITL 1.2 NA	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12
agent. I am SIGNATURE 12. TITLE NAME	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT	gent and title if applicable. (NO	13. 1.1 TITL 1.2 NA 1.3 STF	ngent signature requ LE ME REET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR	S IN 12
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	familiar with, and accept the signature, typed or printed name of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STF	ngent signature requ LE ME REET ADDRESS TY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT	gent and title if applicable. (NO	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT	LE ME REET ADDRESS TY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	familiar with, and accept the signature, typed or printed name of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TIT. 1.2 NA 1.3 STI 1.4 CI 2.1 TIT. 2.2 NA	regent signature required. LE ME REET ADDRESS TY-ST-ZIP TLE AME	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CI 2.1 TIT 2.2 NA 2.3 SI	LE ME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	familiar with, and accept in signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 STI 2.4 CI 2.4 CI 2.4 CI 2.5 CI 2.4 C	LE ME REET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 STI 2.4 C	LE ME REET ADDRESS IY-ST-ZIP TREET ADDRESS CITY-ST-ZIP TITLE	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12 Addition
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	familiar with, and accept the signature, typed or printed name of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 C 3.1 T 3.2 NA 3.2 NA 3.3 T 3.4 C 3.4 C 3.4 C 3.4 C 3.4 C 3.4 C	LE ME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS TREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change	S IN 12 Addition
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	familiar with, and accept the signature, typed or printed name of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 ST 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C E 3.1 T 3.2 N 3.3 S	LE ME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TITL 2.2 NA 2.3 STI 2.4 CI 5.3 STI 2.4 CI 5.3 STI 3.4 STI 3.5	LE ME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO C	FEICERS AND	DIRECTOR Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	familiar with, and accept the signature, typed or printed name of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TITL 2.2 NA 2.3 STI 2.4 CI 3.1 TI 3.2 NA 3.5 STI 3.4 CI 4.1 TITL 4.1 T	LE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TITLE	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	familiar with, and accept the signature, typed or printed name of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C 3.1 T 3.2 N 3.3 S 3.4 TE 4.1	IE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	familiar with, and accept insistered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C 3.1 T 3.2 N 3.3 S 3.4 TE 4.1	LE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TITLE	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change Change	S IN 12 ☐ Additio ☐ Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	familiar with, and accept insistered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TITL 2.2 NA 2.3 ST 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 TE 4.1 4.2	LE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS 5 STREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	familiar with, and accept insistered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CI 2.1 TIT 2.2 NA 2.3 STI 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 4.4	IE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TILE VAME STREET ADDRESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	familiar with, and accept insistered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (NO AND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 TE 4.1 4.2 4.3	LE ME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP VAME STREET ADDRESS CITY-ST-ZIP VAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change Change	S IN 12 Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	familiar with, and accept insistered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C 3.1 T 3.2 N 3.3 S 3.4 TE 4.1 4.2 4.3 4.4 ETE 5.5	LE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE AME TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE AMME TREET ADDRESS CITY-ST-ZIP TITLE AMME TREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change Change	S IN 12 ☐ Additio ☐ Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	Familiar with, and accept instance of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TITL 2.2 NA 2.3 ST 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 TE 4.1 4.2 4.3 ETE 5.1 5.5	IE ME REET ADDRESS TY-ST-ZIP TILE AME STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 1 STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 1 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 3 STREET ADDRESS 3 STREET ADDRESS	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	Change C	□ Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Familiar with, and accept instance of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	TE Registered A 13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CI 2.1 TIT 2.2 NA 2.3 STI 2.4 C 3.1 T 3.2 N 3.3 S 4.4 TE 4.1 4.2 4.3 4.4 ETE 5.5 5.5	LE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR Change Change Change	S IN 12 ☐ Additio ☐ Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Familiar with, and accept instance of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	TE Registered A 13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 A 4.2 4.3 4.4 ETE 5.5 5.5 5.5 6.6	IE ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 3 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 5 TITLE 5 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP 6 TITLE	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	Change C	□ Additio
AGENT. I AM SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Familiar with, and accept instance of registered a OFFICERS PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	TE Registered A 13. 1.1 TITL 1.2 NA 1.3 STI 2.1 TITL 2.1 TITL 2.3 ST 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 TE 4.1 4.2 4.3 5.5 5.5 ETE 6	IE ME REET ADDRESS IY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 5 STREET ADDRESS 5 STREET ADDRESS 5 STREET ADDRESS 6 STREET ADDRES	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND	Change C	S IN 12 ☐ Additio ☐ Additio
agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	Familiar with, and accept an interest of registered a OFFICERS. PD KOTHENCZ, ROBERT 1470 E 100 STREET BROOKLYN NY	gent and title if applicable. (INCAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NA 1.3 STI 1.4 CIT 2.1 TITL 2.2 NA 2.3 ST 2.4 C 3.1 T 3.2 N 3.3 S 3.4 TE 4.2 4.3 4.4 ETE 5.1 5.5 5.5 ETE 6	ME REET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 5 CITY-ST-ZIP 1 TITLE 2 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 1 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 1 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP 1 TITLE 5 NAME	ired when reinstating) ADDITIONS/CHANGES TO C	FICERS AND	Change C	Addition Add

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 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 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 inform