## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **\$49637** 

(9)

A.T. MANAGEMENT, INC.

| Principa! | Place of | Business |
|-----------|----------|----------|
|           |          |          |

1. Corporation Name

Mailing Address

7049 WOODMONT WAY TAMARAC FL 33321

7049 WOODMONT WAY TAMARAC FL 33321



03/22/1995

3. Date Incorporated or Qualified 3s. Date of Last Report

05/01/1991

| Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   27   27   27   27   27   27   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. Principal Place of Business |                                                                                   | 2a. Mailing Address                                               |                                                   |                                                       | 4. FEI Number                                                                                          | Applied For                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------|--|
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21                             | -g,                                                                               | 26                                                                |                                                   |                                                       | 65-0323475                                                                                             | Not Applicable                |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22 Suite, Apt.                 | ··· 1                                                                             |                                                                   |                                                   |                                                       | 5. Certificate of Status Desired                                                                       | V                             |  |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City & State                   | Orty & State City & State                                                         |                                                                   | · <del> ·· · · · · · · · · · · · · · · · · </del> |                                                       | 6. Election Campaign Financing                                                                         |                               |  |
| Page   Country   Zip   Country   Subscription has lability for interalplute ax under s 199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   199 (032,   1   | 23                             | ·····)                                                                            |                                                                   |                                                   |                                                       | , , , , ,                                                                                              |                               |  |
| KREEGER, JUDITH L. 44 WEST FLACIER ST. SUITE 1725 MIAMI FL 33130  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Epinals. Such change was authorized by the corporation's board of decotors. I hereby eccept the appointment as registered agent, or both, in the State of Epinals. Such change was authorized by the corporation's board of decotors. I hereby eccept the appointment as registered agent, in an advanced the collaptions of Scotion 607,050, Plorids Statutes.  SIGNATURE SCRIATURE SCRIATURE COS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. STREET ADDRESS TARLOW, ALISON 7049 WOODMONT WAY 13. STREET ADDRESS 14. ADDRESS 14. ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIREC |                                | Country                                                                           | Zip                                                               | Country                                           |                                                       |                                                                                                        |                               |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24                             |                                                                                   |                                                                   | 30                                                | Florida Statutes                                      |                                                                                                        |                               |  |
| KREEGER, JUDITH L 44 WEST FLAGLER ST. SUITE 1725 MIAMI FL 33130  44 Orly  FL  62 Stroot Address (P.O. Box Number is Not Acceptable)  45 Orly  FL  65 Zep Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forcia. Such change was attained with an advanced by the corporation's board of directors. I hereby accept the appointment as registered defined on the component of the purpose of changing its registered defined on the component of the purpose of changing its registered defined on the component of the purpose of changing its registered defined on the component of the purpose of changing its registered defined on the component of the purpose of changing its registered defined agent or board of directors. I hereby accept the appointment as registered defined agent agent or the component of the purpose of changing its registered defined agent or board of directors. I hereby accept the appointment as registered agent. I am familiar with a purpose of changing its registered defined agent or board of directors. I hereby accept the appointment as registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered defined agent or board of directors. I hereby accept the appointment as registered defined agent. I am familiar with a purpose of changing its registered defined agent of directors. I hereby accept the appointment as registered defined agent of directors. I hereby accept the appointment as registered defined agent of directors. I hereby accept the appointment as registered defined agent of directors. I hereby accept the appointment as registered defined agent of directors. I hereby accept the appointment as registered defined agent of directors. I hereby accept the appointment as registered defin | ······ <b></b>                 | 9, Name and Address of Curre                                                      | nt Registered Agent                                               |                                                   |                                                       | 10. Name and Address of New Registered                                                                 | Agent                         |  |
| At WEST FLAGLER ST.  SUITE 1725  MIAMI FL 33130  11. Fursiant to the provisions of Sections 607 (502 and 607 1508. Florida Statutes, the above-member operation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forces. Given change was activated by the corporation's board of directors. Hereby accept the appointment as registered agent, or both, in the State of Forces. Given change was activated by the corporation's board of directors. Hereby accept the appointment as registered agent, it am familiar with a rad accept the obligations of State of Forces. Given change was activated by the corporation's board of directors. Hereby accept the appointment as registered agent, it am familiar with a rad accept the obligations of State of Forces. Statutes.  SIGNATURE  Syration Syration Syration Syration State is a state of Forces. Statutes.  SIGNATURE  Syration Syration Syration Syration State of State of Forces. Statutes.  SIGNATURE  Syration Syration Syration Syration State of State of Forces. Statutes.  SIGNATURE  Syration Syration Syration Syration State of State of Forces. Statutes.  SIGNATURE  Syration Syratio |                                |                                                                                   |                                                                   | 81                                                | Name                                                  |                                                                                                        |                               |  |
| ## WEST FLACER ST. SUITE 1725 MIAMI FL 33130  ## City FL 85 Zp Codo  | 44 WEST FLAGLER ST.            |                                                                                   |                                                                   | 82                                                | 82 Street Address (P.O. Box Number is Not Acceptable) |                                                                                                        |                               |  |
| MIAMI FL 33130  ### City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                   |                                                                   | ļ                                                 |                                                       |                                                                                                        |                               |  |
| Section   Sect   |                                |                                                                                   |                                                                   | 83                                                |                                                       |                                                                                                        |                               |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such name was without and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHAN | MIAMI FL 33130                 |                                                                                   |                                                                   | 84                                                | City                                                  |                                                                                                        | 85 Zip Code                   |  |
| SIGNATURE Sprake to great or or posterior of specific or Toron Collegations of Social or Oron Collegations (Collegations) (Social Oron Collegations) (Social | 44 0                           | 10-10-10-10-10-10-10-10-10-10-10-10-10-1                                          |                                                                   |                                                   |                                                       |                                                                                                        | <u> </u>                      |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or register                    | to the provisions of Sections 607.050<br>red agent, or both, in the State of Flor | i2 and 607.1508, Florida Statut<br>iida. Such change was authoriz | tes, the above-r<br>zed by the com                | amed corpora<br>pration's boar                        | ation submits this statement for the purpose of cl<br>d of directors. Thereby accept the appointment a | nanging its registered office |  |
| Signature of registered agent and tite it specialists   POTE: Registered Agent agenture restainting   DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | familiar wit                   | th, and accept the obligations of. Sec                                            | tion 607.0505, Florida Statutes                                   | s.                                                |                                                       | a or alleasors. Thereby accept the appointment a                                                       | s registered agent. I am      |  |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIGNATURE                      | rajoren era                                   |                                                                   |                                                   | ·                                                     |                                                                                                        |                               |  |
| TARLOW, ALISON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                                   |                                                                   |                                                   | t signature required                                  |                                                                                                        | D DIDECTORO IN 40             |  |
| NAME   TARLOW, ALISON   12   NAME   1.3   STREET ADDRESS   TAMARAC FL   1.4   Change   Addition     |                                |                                                                                   |                                                                   |                                                   | ···                                                   | ADDITIONS/CHANGES TO OFFICERS AN                                                                       |                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                                   |                                                                   |                                                   |                                                       |                                                                                                        | C) change C) Addition         |  |
| TAMARAC FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                                                                                   |                                                                   |                                                   | ADDOCCC                                               |                                                                                                        |                               |  |
| THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                   |                                                                   |                                                   |                                                       |                                                                                                        |                               |  |
| TARLOW, SHARON   7049 WOODMONT WAY   23 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TILE                           |                                                                                   | □ DELETE                                                          |                                                   | 1-211                                                 |                                                                                                        | Change C Addition             |  |
| TAMARAC FL   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   26 CITY-ST-ZIP   27 CI   | NAME                           | TARLOW, SHARON                                                                    |                                                                   |                                                   |                                                       |                                                                                                        |                               |  |
| TAMARAC FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS                 |                                                                                   |                                                                   | 1                                                 | ADDRESS                                               |                                                                                                        |                               |  |
| DELETE   DELETE   3 1 TITLE   Change   Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITY - \$1 - 7IP               | TAMARAC FL                                                                        |                                                                   |                                                   |                                                       |                                                                                                        |                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TIJLE                          |                                                                                   | ☐ DELETE                                                          |                                                   | <u> </u>                                              |                                                                                                        | ☐ Change ☐ Addition           |  |
| 34 O(TY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NAMI                           |                                                                                   |                                                                   | 3.2 NAME                                          |                                                       |                                                                                                        |                               |  |
| DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS                 |                                                                                   |                                                                   | 33 STREET                                         | ADDRESS                                               |                                                                                                        |                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Crist S. Zer                   |                                                                                   |                                                                   | 3.4 CiTY-S                                        | r-ZiP                                                 |                                                                                                        |                               |  |
| A 3 STREET ADDRESS   A 4 CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1,10                           |                                                                                   | [] DELETE                                                         | 4. 1 TITLE                                        |                                                       |                                                                                                        | Change Addition               |  |
| A 4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME                           |                                                                                   |                                                                   | 4.2 NAME                                          |                                                       |                                                                                                        | -                             |  |
| DELETE   DELETE   5.1 TITLE   Change   Addition     NAME     5.2 NAME     STREET ADDRESS     CTY-ST-ZP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STHEET ADDRESS                 |                                                                                   |                                                                   | 4.3 STREET                                        | address                                               |                                                                                                        |                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CITY-S1-ZIP                    |                                                                                   |                                                                   | 4.4 CITY - S                                      | r-ZIP                                                 |                                                                                                        |                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | THILE                          |                                                                                   | ☐ DELETE                                                          | 5. 1 TITLE                                        |                                                       |                                                                                                        | ☐ Change ☐ Addition           |  |
| CTY-ST-ZP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME                           |                                                                                   |                                                                   | 5 2 NAME                                          |                                                       |                                                                                                        | 1                             |  |
| TILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STHEET ADDRESS                 |                                                                                   |                                                                   | 5 3 STREET                                        | address                                               |                                                                                                        |                               |  |
| AAM: 62 NAME STREET ADDRESS 63 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C:TY-ST-ZP                     |                                                                                   |                                                                   | 5.4 CITY - S                                      | - ZIP                                                 |                                                                                                        |                               |  |
| STREET ADDRESS 63 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TILE                           |                                                                                   | ☐ DELETE                                                          | 6. 1 TITLE                                        |                                                       |                                                                                                        | Change Addition               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AAM)                           |                                                                                   |                                                                   | 6.2 NAME                                          |                                                       |                                                                                                        |                               |  |
| CHY-S1-7/P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS                 |                                                                                   |                                                                   | 63 STREET                                         | ADDRESS                                               |                                                                                                        |                               |  |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes   further                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CITY - ST - ZIP                | <u> </u>                                                                          |                                                                   |                                                   |                                                       |                                                                                                        |                               |  |

4. To hereby certify that the information supplied with this fliing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/96 3

72/-3524 Daytime Phone :