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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90073 046 \*\*\*150.00

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **V06639**

1. Corporation Name

LANDSCAPE GUILD CORP.

STARWAY PK DRIVE   163	STIS FARMAY PK DRIVE	LANDSOA	FE GUILD COM.						
STARWAY PK DRIVE   163	STIS FARRWAY PK DRIVE # # #103 BOYNTON BEACH FL 33437 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O1/15/1992 3. Date Incorporated or Qualified O1/15/1992 3. Date Incorporated or Qualified O1/15/1992 4. FEI Number 65-0390845 5. Certificate of Status Desired Fee Required	Principal Place	of Business	Mailing Address					
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applied For   Not Applied For   Suite, Apt. #, etc.   Suite, Apt. #, etc.   5. Certificate of Status Desired   Fee Required   Fe	BOYNTON BEACH FL 39437 US  DO NOT WRITE IN THIS SPACE  BOYNTON BEACH FL 39437 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 01/15/1992  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualifed 01/15/1992  3. Date Incorporated or Qualifed 01/15/1992  3. Date Incorporated or Qualifed 01/15/1992  4. FEI Number 65-0390845  S. Certificate of Status Desired Fee Required			5715 FAIRWAY PK DRIV	5715 FAIRWAY PK DRIVE				
BOYNTON BEACH FL 33437  BOYNTON BEACH FL 33437  US  2a. Mailing Address 2b. Mailing Address 2c. Certificate of Status Desired 2c. Mailing Address 2c. Mailing Address 2c. Certificate of S	BOYNTON BEACH FL 39437 US  2. Principal Place of Business 2. A FEI Incorporated or Qualified 0/1/15/1992 2. Principal Place of Business 2. A FEI Incorporated or Qualified 0/1/15/1992 2. A FEI Incorporation Status Desired   Selection Campaign Financin   Fee Required   Fee Required 2. A FEI Incorporation owns the current year Intangible   Fee Required 2. A FEI Incorporation owns the current year Intangible   Personal Property Tax   Yes   No		K Dillec		· ·			DO NOT WRITE IN THIS SPACE	
Principal Place of Business    Principal Place of Business   2a	Principal Place of Business   2a. Mailing Address   3c. FEI Number   Sch-0390845   Not Applicable   St. FEI Number   Sch-0390845   Not Applicable   St. FEI Number   St. Feb.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   St. 75 Additional   Fee Required	BOYNTON BEAC	H FL 33437		13437				]
Principal Place of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Applied For  S. Certificate of Status Desired  Fee Required  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  S. Certificate of	A principal Place of Business   2a	US		US					
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Suite, Apt. #, etc.   South and a suite of Status Desired   S8.75 Additional Fee Required Fee Required   Fee Required   S5.00 May Be Added to Fees   Added to Fees   S6.00 May Be Added to Fees			1 14 W Address				4 FE Number Applied For	
Suite, Apt. #, etc.  Suite, Ap	Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pla	ce of Business	<del>-                                    </del>				-	1 :
City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  SALOMONE, MICHAEL J.  7800 W OAKLAND PARK BLVD.  SUNRISE FL 33351  B3  Sirreet Address (P.O. Box Number is Not Acceptable)  SUNRISE FL 33351  B3  Sirreet Address (P.O. Box Number is Not Acceptable)  FL B5  Zip Code  City & State  Trust Fund Contribution  B1 Name  B1 Name  B2  Street Address (P.O. Box Number is Not Acceptable)  SUNRISE FL 33351  B3  City  FL B5  Zip Code  City & State  Tity  City  City  City  City  Salomone  Salom	27							_ \$8.75 Additional	1
City & State    City & State     City & State	City & State	Suite, Apt. #	, etc.	<del></del> 1				5. Certificate of Status Desired	
Zip Country Zip Country 8. Trust Fund Contribution Added to Fees  Zip Country 8. Trust Fund Contribution Added to Fees  Zip Country 8. Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible Personal Property Tax.	28   Trust Fund Contribution   Added to Fees   27						·	5 Flection Campaign Financing S5.00 May Be	
Zip Country Zip Country Again Registered Sections Section Sect	Zip	_		<b>⊢</b> ¬				1 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
25 29 30 Personal Property Tax.    Yes   No    9. Name and Address of Current Registered Agent  SALOMONE, MICHAEL J. 7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name    84 City   FL   85 Zip Code    85 Zip Code    86 City   FL   85 Zip Code    87 Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent algunture required when reinstating)   DATE    86 DEETE   1.1 TILE   Change   Addition    87 STAIRWAY PARK DRIVE #1 #103   1.3 STREET ADDRESS    88 SIGNATURE   Change   Addition    89 Street Address (P.O. Box Number is Not Acceptable)    80 Street Address (P.O. Box Number is Not Acceptable)    80 Street Address (P.O. Box Number is Not Acceptable)    81 Name    82 Street Address (P.O. Box Number is Not Acceptable)    83 Zip Code    84 City   FL   85 Zip Code    85 Zip Code    86 City   FL   85 Zip Code    87 Signature to the provisions of Sections 607.0502 and 607.1508, Florida Statutes    88 Signature to the provisions of Sections 607.0502 and 607.0505, Florida Statutes    89 Street Address (P.O. Box Number is Not Acceptable)    80 Signature to the provisions of Sections 607.0502 and 607.0502 and 607.0502 and 607.0502 and 607.0502 and 607.0502 and 607.0503 florida Statutes    80 Signature to the provisions of Sections 607.0502 and 607.0502 and 607.0503 florida Statutes    80 Signature to the provisions of Sections 607.0502 and 607.0503 florida Statutes    81 Name    82 Street Address (P.O. Box Number is Not Acceptable)    83 Signature to the provisions of Sections 607.0502 and 607.0502	25		Country		Cou	ntry		8. This corporation owes the current year Intangible	
9. Name and Address of Current Registered Agent  SALOMONE, MICHAEL J. 7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  83  SUNRISE FL 33351  84  City  FL  85  Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LOEB, BERNARD N.  1.2 NAME  LOEB, BERNARD N.  1.3 STREET ADDRESS  SIRVEST-ZIP  DELETE  1.1 TITLE  Change Addition  Change Addition	9. Name and Address of Current Registered Agent  SALOMONE, MICHAEL J. 7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  4 City FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the State of 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the deplication of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or printed name of registered agent and the if applicable. (NOTE Registered Agent algusture required when reinstating)  DATE  Signature. Spead or p	— ·			30	•		Personal Property Tax. Yes No	1
SALOMONE, MICHAEL J. 7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name	SALOMONE, MICHAEL J. 7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  32 Street Address (P.O. Box Number is Not Acceptable)  13. 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.	24	25			Ι —		10. Name and Address of New Registered Agent	4
7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  83  84 City  FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, 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  14. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL  15. STREET ADDRESS BOYNTON BEACH FL  16. Change Addition  17. Change Addition  18. Change Addition  18. Change Addition  19. Change Addition  19. Change Addition  19. Change Addition	TREET ADDRESS  OR AKLAND PARK BLVD. SUNRISE FL 33351  83  84 City FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, ambiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algunature required when reinstating)  DATE    12. OFFICERS AND DIRECTORS		9. Name and Address of Contain	t riugiuiu		81	Name		
7800 W OAKLAND PARK BLVD. SUNRISE FL 33351  83  84 City  FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, 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  14. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL  15. STREET ADDRESS BOYNTON BEACH FL  16. Change Addition  17. Change Addition  18. Change Addition  18. Change Addition  19. Change Addition  19. Change Addition  19. Change Addition	TREET ADDRESS  OR AKLAND PARK BLVD. SUNRISE FL 33351  83  84 City FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, ambiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algunature required when reinstating)  DATE    12. OFFICERS AND DIRECTORS	SALC	MONE, MICHAEL J.			00	Cton ot Addre	occ (R.O. Boy Number is Not Acceptable)	1
SUNRISE FL 33351  84 City  FL 85 Zip 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITLE  PD  LOEB, BERNARD N.  5715 FAIRWAY PARK DRIVE #1 #103  BOYNTON BEACH FL  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  BOYNTON BEACH FL  DELETE  1.1 TITLE  Change  Addition	SUNRISE FL 33351  83  84 City  FL 85 Zip 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and affiliation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NAME  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  DELETE  1.1 TITLE  DELETE  1.1 STREET ADDRESS  CITY. ST. ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 NAME  2.3 STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  DELETE  3.1 TITLE  NAME  3.3 STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS  CITY. ST. ZIP  TITLE  NAME  STREET ADDRESS					82	Street Addit	and while the second of the se	]
I1. 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.	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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.					83			
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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and sitle if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and statutes.  SIGNATURE  Signature, typed or printed name of registered agent and stile if applicable. (NOTE Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.1 TITLE Change Addition  1.4 CITY-ST-ZIP  TITLE CHANGE 3.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 3.3 STREET ADDR		2 <b>4</b> .			84	City	85 Zip Code	]
office or registered agent, or both, in the State of Findla Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and sitle if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	office or registered agent, or both, in the state of Horizon Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  LOEB, BERNARD N.  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  Addition					L		the surpose of changing its registered	-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires within residually)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires with refusal state)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    Change   Addition	office or re agent. I ar	egistered agent, or both, in the State π familiar with, and accept the obliga	tions of, Section 607.0505	, Florida Sta	tutes.			
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ITTLE FO LOEB, BERNARD N.  12 NAME  STREET ADDRESS  STYLST-ZIP  BOYNTON BEACH FL  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DELETE  2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  2.3 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	12.					$ \top$	☐ Change ☐ Addition	ī
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A3 STREET ADDRESS	NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.3 STREET ADDRESS	1	-		5.4	CITY-S	ST-ZIP	•	_
A3 STREET ADDRESS   A4 CITY-ST-ZIP	NAME STREET ADDRESS  CITY-ST-ZIP  DELETE S1 TITLE  NAME STREET ADDRESS  5.1 TITLE  S2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.5 STREET ADDRESS 5.5 STREET ADDRESS 5.5 CITY-ST-ZIP			☐ DELE	TE 6.1	TITLE		☐ Change ☐ Addition	n
A3 STREET ADDRESS   A4 CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP  DELETE S3 STREET ADDRESS CITY-ST-ZIP  DELETE S4. CITY-ST-ZIP  S3 STREET ADDRESS CITY-ST-ZIP DELETE S6 LTITLE S6 LTITLE S7 STREET ADDRESS CITY-ST-ZIP DELETE S6 LTITLE Change Addition	1	1 .	•	6.2	NAME			]
A3 STREET ADDRESS   A4 CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME FAME STREET ADDRESS SAME STREET ADDRESS SAME STREET ADDRESS SAME SAME STREET ADDRESS SAME SAME SAME SAME SAME SAME SAME S		F .	A	6.3	STREE	ET ADORESS		
A3 STREET ADDRESS   A4 CITY- ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME NAME NAME NAME NAME 6.3 STREET ADDRESS	STREET ADDRESS	5				et 710		1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ₩

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-61-732-281