2006 FOR PROFIT CORPORATION

1. Entity Name COT CENTER, INC. OG APR 21 AM 8: 25 OG APR 21 AM	OF ART 21 AM 8: 25 OF PRINCIPAL PURPOSE Mailling Address of Business Mailling Address of Busi	ANNUAL REPORT	
Principal Place of Business 1925 SBH ST N CLEARMATER FL 33760 US DO NOT WRITE IN THIS SPACE 4. FE Internal So Satisfaction of Status Device For Page 1925 SBH ST N CLEARMATER FL 33760 US DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent LUECK, FRED DERICK 1925 SBH ST N CLEARWATER, FL 33760 1. The Upper parend strip, submits the stationness for the purpose of changing its requirement office or registered agent, or both, in the State of First Is, rain familiar with, and accept the control of registered agent of r	Principal Place of Business 13925 SBH STN 13	DOCUMENT # V40352	FILED
Principal Place of Business Mailing Address	PRILATE SHARM IN THIS SPACE 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Notice and Status Desired 1. Note that the Address of Curront Registered Agent 1. CLEARWATER, PL 33760 US 1. Note that the Address of Curront Registered Agent 1. Note that the Address of		12D 21 AM 8: 25
Malling Address 13925 SRIH ST N CLEARWATER, FL 33760 US DO NOT WRITE IN THIS SPACE Application From International Control of Page 12 (1998) Application From International Control of Page 13 (1998) Application From International Control of Page 14 (1998) Application	Maling Address 1325 SBH ST N CLEARWAITER FL 33760 US DO NOT WRITE IN THIS SPACE 1 FEI Number 593 128444	#150.00	06 APR 21 AN 0-2-
DO NOT WRITE IN THIS SPACE Applied For Season Congress of Congr	CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US CLEARWATER, FL 33760 US DO NOT WRITE IN THIS SPACE Applicate Full Applicate Full Applicate Full Applicate Full Full Full Full Full Full Full Ful		STANDA FICADA
DO NOT WRITE IN THIS SPACE 1. Fit Number 19 CR2E304 (11/05) 1. Configure of Status Desired 2. Set Till ST Number 19 CR2E304 2. Configure of Status Desired 3. Configure of Status Desir	DO NOT WRITE IN THIS SPACE 4. FEI Number 4. FEI Number 59-3128444 Secretificate of Shaus Desired 58-75 Additional		
DO NOT WRITE IN THIS SPACE A FEI Number Applied For Solar Spale Applied For Applied For Solar Spale Applied For Applied For Applied For Solar Spale Applied For	DO NOT WRITE IN THIS SPACE 4. FEI Number Sp-3126444 Sp. 426606 For Sp-3-126444 Sp. 426606 For Sp. 426	GLEARMATER, FL 33/00 03 GLEARMATER, FL 33/00	
A. FEI Number	DO NOT WRITE IN THIS SPACE 4. FE Number 59-3126444 Not Applicated Spatial S		
A. FEI Number	DO NOT WRITE IN THIS SPACE 4. FE Number 59-3126444 Not Applicated Spatial S		3 STORY OF STORY WATER OF STORY
S. Name and Address of Current Registered Agent E. Name and Address of Current Regist	S. Name and Address of Current Registered Agent B. Name and Address of Current Registered Agent LUCCK, FREDERICK 13925 58TH ST N CLEARWATER, FL 33760 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Printip. In THIS SPACE SIGNATURE Signature Topics of Printip Interest agent, or both, in the State of Printip. In the Information of the Infor	DO NOT WRITE IN THIS SPA	ICE -
LUECK, FREDERICK 13925 SBTH ST N CLEARWATER, FL 33760 B. The above named endy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiolida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE MOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 TILE WAS LUECK, FRED SIRET ADRIES OFFICERS AND DIRECTORS TILE MAY SIRET ADRIES OTH SI-2P TILE TILE MAY SIRET ADRIES OTH SI-2P TILE MAY SIRET ADRIES OTH SI-2P TILE TILE MAY SIRET ADRIES OTH SI-2P TILE TILE TILE TILE MAY SIRET ADRIES OTH SI-2P TILE TILE	LUECK, FREDERICK 13925 S8TH ST N CLEARWATER, FL 33760 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the displacions of registered agent. SIGNATURE Signature Sig		59-3126444 Not Applicable
LUECK, FREDERICK 13925 58TH ST N CLEARWATER, FL 33760 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. State	LUECK, FREDERICK 13925 SBTH ST N CLEARWATER, FL 33760 A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SiGNATURE Signature in hord or printed name of registered agent and the 7 spotnate. POTE Registered Agent spotnate required attent involved an investmon.		
1925 58TH ST N CLEARWATER, FL 33760 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SUBMAN, special or preside agent and size of registered agent and size of registered agent. PILE NOWIII FE IS \$150,00 After May 1, 2006 Fee will be \$350,00 10. OFFICERS AND DIRECTORS 10. OFFICER	1. THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS INE LUCK, FRED SIREL AURRESS SIREL	6. Name and Address of Current Registered Agent	\exists
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, toped or protein name of registered speech and the 1 appointment of proteins are not the 1 appointment. MOTE Registered Agent southwere required when retrietable) DATE	B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SOMEWAY TO BE ST SOMEWAY		DO NOT WRITE
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the famili	8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of the copyoration of the registered agent, or both, in the State of Florida. Tam familiar with, and accept the State of Florida State of Florida. Tam familiar with, and accept the state of the separate of the copyoration of the registered agent, or being agent agen		
the obligations of registered agent. SIGNATURE Signature, Typed or private name of registered agent and size if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 10. OFFICERS AND DIRECTORS TILE UPT LUECK, FRED 13925 58TH STREET NORTH CLEARWATER, FL 33780 TILE MAKE SIRET ADDRESS CITY-ST-2P TILE NOWE SIRET ADDRESS CITY-ST-2P TILE	the obligations of registered agent. SIGNATURE Signature, hybrid or proced name of registered agent and the f applicable. (NOTE: Registered Agent ingrenous required already in the information supplied with the filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information is further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information is further certify that the information is further certify that the information is further certify that the programme that may name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607.		IN THIS STACE
the obligations of registered agent. SIGNATURE Signature, Typed or private name of registered agent and size if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 10. OFFICERS AND DIRECTORS TILE UPT LUECK, FRED 13925 58TH STREET NORTH CLEARWATER, FL 33780 TILE MAKE SIRET ADDRESS CITY-ST-2P TILE NOWE SIRET ADDRESS CITY-ST-2P TILE	the obligations of registered agent. SIGNATURE Signature, hybrid or proced name of registered agent and the f applicable. (NOTE: Registered Agent ingrenous required already in the information supplied with the filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information is further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florids, Statutes. If further certify that the information is further certify that the information is further certify that the information is further certify that the programme that may name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607, Florida Statutors, and that my name appears in Block 10 of Block 11 of Chapter 607.	The above named entity submits this statement for the purpose of changing its register.	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
TILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS INC. OFFICERS AND DIRECTORS OSX.17.06—01017—027 ***11.7625 OSX.17.06—01017—027 ***11.7625 INC. INC	FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 Trust Fund Contabution. S. Election Campaign Financing		
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	After May 1, 2006 Fee will be \$350.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT WWE LUECK, FRED 13925 58TH STREET NORTH CLEARWATER, FL 33760 TILE WWE SIRET ADDRESS OTY-ST-2P TIL		tered Agent signature required when reinstating) DATE
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	After May 1, 2006 Fee will be \$530.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS INLE UNDER JURICK, FRED 13925 58TH STREET NORTH CLEARWATER, FL 33760 INLE NAWE SIRET ADDRESS OTY-57-2P INLE NAWE SIRE	9. Election Campaign Fin	nancing \$5.00 May Po
TITLE MARE LUECK, FRED STRET ADDRESS CITY-ST-2P TITLE MARE SERET ADDRESS CITY-ST-2P TITLE MARE SIRET ADDRESS CITY-	TILE NME SIRET ADDRESS CITY-ST-2P TILE UCECK, FRED SIRET ADDRESS CITY-ST-2P TILE NME SIRET ADDRESS CITY-ST-2P TILE UNA SIRET ADDRESS CITY-ST-2	FILE ROWS: FEE 13 \$ 130,00	
INME SIRET ADDRESS CITY-ST-ZP CLEARWATER, FL 33760 INLE MAME SIRET ADDRESS CITY-ST-ZP	LUECK, FRED 13925 58TH STREET NORTH CILEARWATER, FL 33760 TILE NAME STRETI ADDRESS CITY-ST-2P TITLE NAME STRETI ADDRESS CITY-ST-2P TITLE IN THIS SPACE TOT-ST-2P TITLE IN THIS SPACE TITLE IN THIS SPACE TOT-ST-2P T		
CITY-ST-2P CLEARWATER, FL 33760 TILE MAKE STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE TILE NAME STREET ADDRESS CITY-ST-2P TILE	DITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME TO ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME TO ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME TO ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME TO ADDRESS CITY-ST-2P TITLE TO ADDRESS CITY-ST-2P TITLE NAME TO ADDRESS CITY-ST-2P TITLE TO ADDRESS CITY-ST-2P TITLE TO ADDRESS CITY-ST-2P TO ADDRES	1	
TILE NAME STRET ADDRESS CITY-ST-ZP TILE NAME STRET ADDRESS CITY-S	TILLE NAME SIRET ADDRESS OTY-ST-2P TILLE SIRET ADDRESS OTY-ST-2P TILLE SIRET ADDRESS OTY-ST-2P TILLE SIRET ADDRESS OTY-ST-2P TILLE SIRT ADDRESS OTY-ST-2P TILLE SIRT ADDRESS OTY-ST-2P TILLE SIRT ADDRESS OT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TI	DO NOT WRITE IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZP TILLE NAME STREET ADDRESS CITY-ST-ZP TO THE NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TI	DO NOT WRITE IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZP TILLE NAME STREET ADDRESS CITY-ST-ZP TO THE NAME	j	300074755173 05/17/0601017027 ***1176 75
NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	i	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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	IN THIS SPACE IN THI		DO NOT WRITE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		—
NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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	TILE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		IN THIO OF ACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	ITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director	STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	· · · · · · · · · · · · · · · · · · ·	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental 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	12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
indicated on this report or supplemental 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	indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
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 10 or Block 11 it. I	changed, or on an attachment with an address, with all other like empowered.	indicated on this report or supplemental report is true and accurate and that my sign	nature shall have the same legal effect as if made under oath; that I am an officer or director
changed, or on an attachment with an address, with all other like empowered.	SIGNATURE: 121-521-4837	changed, or on an attachment with an address, with all other like empowered.	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Daytime Phone #		