DOCUM 1. Corporation N	996	Sand Secr	PARTMENT OF STATE re B. Mortham etary of State DF CORPORATIONS			
		20 (8)				
WAILER	MANLETO, MO.					
Principal Place o		Mailing Address			0)1 00)1 01#11 010(0 #101) 01	1811 D1811 D1011 1081
2233 S. ANDRI FT. LAUDERDA		2233 S. ANDREWS / FT. LAUDERDALE FI				
				3. Date incorporated or Qualified 01/12/1984		
2. Principal Plac	e of Business	2a. Mailing Address	· · · · · · · · · · · · · · · ·	4. FEUNumber	02/07/1	Applied For
21 Suite, Apt. #,	etc.	Suite, Apt. #, etc.		59-2363323	60-	Not Applicable
22		27		5. Certificate of Status Desired		75 Additional e Required
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 		.00 May Be ded to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability fo	r intangible tax under	
	9. Name and Address of Currer	29 11 Registered Agent	[30]	10. Name and Address of New	s No Registered Agent	
HOCHER,	IUSEDH		81 Name			
1701 COC	CONUT DRIVE		82 Street Add	fress (P.O. Box Number is Not Accepta	able)	
FT. LAUD	ERDALE 33315		83			
			84 City		FL 85	Zip Code
OF TOGRATORES	i agoni. Oi doit, in the State of Flori	ua, auch change was aumor	IZEO DV THE COMPANION'S DO:	ration submits this statement for the part of directors. Thereby accept the ap-		s registered office
familiar with, SIGNATURE	, and accept the obligations of, Sect	ion 607.0505, Florida Statute	os.		por tribit do rogista (ya agam. Tam
12.	grature, typed or printed name of registered agent OFFICERS AN		OTa: Begisteren Agenit signafore regen		DATE	<u> </u>
T-TLF	PD	DEFETE	13.	ADDITIONS/CHANGES TO OF	HOERS AND DIRECT	
NAME STREET ADDRESS	HOCHER, JOSEPH 1701 COCONUT DRIVE		1.2 NAME			84
CITY-ST-ZIP	FT. LAUDERDALE FL	•	1.3 STREFT ADDRESS 1.4 CHY+ST-ZIP			ZEC
TITLE	D D	DELETE	2 1 UILE		☐ Change	e Addition S
NAME STREET ADDRESS	HOCHER, ANN 1701 COCONUT DRIVE		2.2 NAME 2.3 STREET ADDRESS			į
CITY - ST - ZIP	FT. LAUDERDALE FL		2.4 CiTY - ST - 7iP			
THILE		☐ DELETE	3 1 TITLE		☐ Change	Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
C-TY-ST-Z-P			3 4 City - St - ZiP			
TITLE		☐ DELETE	4. 1 TITLE		☐ Change	Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
			4.4 CITY - ST - ZIP			
CITY-ST ZIP		DELETE	5.1 TiTLE		☐ Change	Addition
COLY-ST ZIP			5.2 NAME			
CITY-ST ZIP TOLE NAME			5.3 STREET ADDRESS 5.4 CITY IST- ZIP			
COLY-ST ZIP					Change	
C(TY-ST ZIP T(TLE NAME STREET ADDRESS		☐ DELETE	6 1 TITLE		C Ourange	Addition
CITY-ST ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME		☐ DELETE	6.2 NAME		clisings	Addition
CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	63 STREET ADDRESS		C Change	Addition
CITY-ST ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST ZIP 14. I do hereby C	certify that the information supplied v	vith this filma is voluntarily fur	62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP DISPORT AND GROSS NOT QUARTED.	for the exemption stated in Section 119) O7/Olki). Elecide Plat	of the Landson
CITY-ST ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST ZIP 14. I do hereby coertify that I an oath; that I an		with this filing is voluntarily fur ial report or supplemental an ration or the receiver or trust	62 NAME 63 STREEL ADDRESS 64 CITY-ST-7IF nished and does not qualify I noull report is true and accurate the	for the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, F	9.07(3)(k), Florida Stati	utes. I further