FILE	NOW: FILING	FEE AFTER N	IAY 1 IS \$	225.00				
F COR	PROFIT PORATION JAL REPORT	AND SO	DRIDA DEPARTME Sandra B. Mo Secretary of	NT OF STATE				
	1996		DIVISION OF COR					
DOCUN 1. Corporation	MENT # J	91484						
201	e canginal	m. 00 # 755		FILE \$ 94 9)	) <del>}</del>			
P.O. B	MUTENATIONS		m e					
CHE	CONTYELD &	is So			3. Date Incorporated or Qualification (%)	1 1	e of Last Report	
2. Principal Pla	ace of Business	2a. Mailing	Address		4. FEI Number 59-2840966		Applied For Not Applicable	
Suite, Apt.	#, etc:.	26 Suite, A	pt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional	
City & State		27 City & S	State		6. Election Campaign Financin		Fee Required \$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip <b>24</b>	Country 25	Country Zip 30		Country		for intangible t Yes \[ \] No		
		of Current Registered Ac		81 Name	10. Name and Address of No	w Registered	Agent	
coco	A BENGH R	- 607 0500 and 607 1509 I	Florida Statutos th	83 84 City e above-named corpo	oration submits this statement for the	FL purpose of ch	anging its registered office	
or register familiar wi	red agent, or both, in the SI ith, and accept the obligatio	tate of Florida. Such change ons of, Section 607.0505, Flo	onda Statutes.		ard of directors. I hereby accept the		s registered agent. Fam	
12.	Signature, typed or printed name of r OFF	egistered agent and title if explicable FICERS AND DIRECTORS	(NOTE: Re	pistered Agent signature requi	red when revisteting) ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECTORS IN 12	
TITLE NAME STREET ADDRESS	PSIMARNOS 201 INTERNE	HARRY DE T	OELETE PSS	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS			Change Addition	
CITY-ST-ZIP	CADE CAMEN	gmr by 35	920 Therete	1.4 CITY-ST-ZIP 2. 1 TITLE			Change Addition	
NAME STREET ADDRESS	HARRY C. 1	FINA PL 32 PSIMARNOS TONAL DE H WINNER FC 3	755 700 P	2.2 NAME 2.3 STREET ADDRESS				
TITLE  NAME  STREET ADDRESS	Cove Can		] DELETE	2 4 CITY-ST-ZIP  3. 1 TITLE  3.2 NAME  3.3. STREET ADDRESS			Change Addition	
CITY - ST - ZIP			7 DELETE	34 CITY-ST-ZIP 4 1 TITLE			Change Addition	
TITLE NAME STREET ADDRESS		_	] pretie	4.2 NAME 4.3 STREET ADDRESS	<b>800001</b> 1 -04/25/960	7939:		
CITY-ST-ZIP			] DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	***200.00	1010 0	Change Addition	
NAME STREET ADDRESS		L	·	5.2 NAME 5.3 STREET ADDRESS			_	
CITY-ST-ZIP TITLE	-		DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE			Change Addition	
NAME STREET ADDRESS				62 NAME 63 STREET ADDRESS			4-24-96	
certify that oath: that		on this annual report or sup of the corporation or the rec	piernentai annuai re eiver or trustee em		for the exemption stated in Section irate and that my signature shall hav this report as required by Chapter 60			

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4/19/16 407-7835061 Date Daylore Phone 1