NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Apr 07, 1999 8:00 am Secretary of State

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| | cipal Place of Business! | | | ling Address | | | | 19 APM DE ALT BEEFF BEAG) 11861 | 11111 1821 2 121 813 | : 1 1 15 IS 41451 #18 | 11 810() (199) |
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| | | | | | | | | Incorporated or Qualife | | | |
| | Principal Place of Business | | - | Mailing Address | | | | 12/1991 | | | ł |
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| 22 | Suite, Apt. #, etc. | | 27 | sule, Apr. w, elo. | | | | [APPLICABLE | | | Applicable |
| 23 | City & State | Total Control | | City & State | | | | cate of Status Desired | | \$8.75 A | |
| | Zip Coun | ity | - | | Co | untry | 6. Electi | on Campaign Financin | 9 🗆 | \$5.00 | |
| 24 | 25 | | 29 | | 30 | | | Fund Contribution | | Added to | Fees |
| | 9. Name and Add | ress of Current F | Registe | red Agent | | 941 34 | 10. Name | e and Address of Nev | Registered | Agent | |
| | | | | | | 81 Name | | | _ | | |
| 1 | ECKER & POLIAKOFF, P.A. | | | | | 82 Street | Address (P.O. Bo | ox Number is Not Acce | ptable) | | |
| | 6 Joseph è Adams, coll | | | | | 83 | | | | | |
| | 1003 tamiami trail north | , SUME 210 | | | | | | | | | |
| 1 | IAPLES FL 34103 | | | | | 84 City | | | FL | 85 Zip C | ode |
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| SIC | NATURE Signature, typed or printed has | me of registered agent # | nd tide if a | pplicable. (NOT | E: Registere | | required when reinstating | <u> </u> | DATE | | |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Fibrida Statuses. Toward representations are income certify that the information of the receiver or trustee empowered to execute this report as required by Chapter 6:17. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE: _

SIGNATURE REQUIRED