FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Principal Place of Business

FLORIDA I

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P94000089351 (8)

FILED Apr 15 1998 8:00am Secretary of State

1. Corporation	i i i i i i i i i i i i i i i i i i i	00069351 (8	·)			
Principal Place of Business Mailing Address					e concess the salet mour and ables biller	DALON LOUS IN 180 TILBU AND INDI 1901
2648 W. STA	TE RD. 434	2648 W. STATE RD. 4	2648 W. STATE RD. 434			
SUITE B		SUITE B			DO NOT WRITE IN THIS COACE	
LONGWOOD	FL 32779	LONGWOOD FL 32779	LONGWOOD FL 32779		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				•	12/09/1994	
2. Principal Place of Business		2a, Mailing Address	2a, Mailing Address		4. FEI Number	Applied For
		26			59-3286202	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional
Catural Const		City & State	City & State			Fee Required
City & State		— ·	¬ '		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country		28 Zin	Zip Country		Trust Fund Contribution	
24	25 29 30		—	. ,	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur		<u></u>		10. Name and Address of New Regis	
OS	WALD, KENNETH F		8	1 Name		
600 COURTLAND ST.				2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 110				000(7.00.	- Coo (* .o. Dox Horrido) la Horridooptable	<u> </u>
OR	KLANDO FL 32804		B	3		
			-	4 City	·	85 Zip Code
				1		FL
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida Sta ate of Florida, Such channe wa	tutes, the abo	ve-named corp	poration submits this statement for the pur tion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
agent La	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statut	es.	morro board or anoctoro. Thereby docupe	no appointment as regional
SIGNATURE						
12.	Signature, typed or printed name of registered	agent and liftle if applicable (N AND DIRECTORS	OTE: Registered A	ipeni signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE
TITLE	D	DELETE 1.1			ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JOHNSON, LYDER R		1.2 NAM	1		
STREET ADDRESS 2648 W. STATE RD. 434, SUITE B		SUITE B	1.3 STREET ADDRESS			
CHTY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY	1		
TITLE	D DELETE		2.1 TITLE			Change Addition
NAME	JOHNSON, TERRY B		2.2 NAM	E		
STREET ADDRESS	ss 2648 W. STATE RD. 434, SUITE B		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP LONGWOOD FL 32779			2. 4 City	(-ST-21P		
TITLE		☐ DELETE	3.1 TITLE	i 7		Change Addition
NAME			3.2 NAM	E		
STREET AUDRESS				ET ADDRESS		
CITY-ST-ZIP	Locure			(-ST-ZIP		Change Lader
THILE	DEFELE		4.1 TITLE			Change Addition
NAME	ADDECC		4. 2 NAN	·		
STREET ADORESS	'			ET ADDRESS		
CITY-ST-ZIP TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS	ahness			ET ADDRESS		
CITY-ST-ZIP			5.3 STRE 5.4 CITY	1		
TITLE			6.1 TITLE			Change Addition
NAME		—	6.2 NAM			
STREET ADDRESS			l l	ET ADDRESS		
CITY-ST-ZIP		_	6.4 CITY			
	certify that the information supplied	d with this illing does not qualify			Section 119.07(3)(i), Florida Statutes. I fullure shall have the same legal effect as if m	ther certify that the information

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 informatic 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 resolver it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, often an affection in with an address.

SIGNATURE

ylar R. Johnson 4/5/94-401-562-999-