1. Entity Name	ENT # P970000	095472	•		FIL Jan 09, 200 Secretary	01 8:00 am	1	
Principal Place of Business 333 17TH ST., STE, V VERO BEACH FL 32960		Mailing Address 333 17TH ST., STE, V VERO BEACH FL 32960			01-09-2001 90047	7 019 ***150.00	29 () tr son	
2. Principal Place of Business 333 17th Street		3. Mailing Address 333 17th Street						
Suite, Apt. #, etc. Suite U		Suite, Apt. #, etc. Suite U			DO NOT WRITE IN THIS S	SPACE	Carrieron Carrie	
City & State Vero Beach, FL		City & State Vero Beach, FL		4.	FEI Number 65-0795126	Applied For Not Applicable	- N. E.	
^{Zip} 3296	Country	^{Zip} 32960	CountryUSA	5.		\$8.75 Additional Fee Required	100	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Registered A	Agent	· vicinity of	
MCHUGH, JOHN J JR 333 17TH ST., STE. U				ddress (P.O. f	(P.O. Box Number is Not Acceptable)			
VERO B	EACH FL 32960		City		FL	Zip Code	and the second of the second	
8. The above nar	med entity submits this statement fo	r the purpose of changing its r	egistered office o	r registered aç	ent, or both, in the State of Florida.			
SIGNATURE Sign	nature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ture required when r	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				will be \$550.00 Trust Fund Contribution.		\$5.00 May Be Added to Fees		
11.	OFFICERS AND		12.	I D AC	DDITIONS/CHANGES TO OFFICERS AND		g 📗	
STREET ADDRESS 33	Anson, Soren 33 17TH St., Ste. V Ero Beach Fl 32960	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 17	N, SOREN Pth Street, Suite U Beach, FL 32960		E034 (10/C	
TITLE D NAME M STREET ADDRESS 33		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 17	I, JOHN J., JR. 7th Street, Suite U Beach. FL 32960	Change Addition	CR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	., ., ., ., .,		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	= · · ·	
13. I hereby certificated on of the corpora changed, or o	// V //	this filing does not qualify for it true and accurate and that movered to execute this report a with all other like empowered.	the exemption sta y signature shall h is required by Cha	ted in Section nave the same apter 607, Flori	119.07(3)(i), Florida Statutes. I further cert legal effect as if made under oath; that I a da Statutes; and that my name appears in	ify that the information im an officer or director h Block 11 or Block 12 if		