

000534:74 1A

1. Entity Name

FILED

00 FEB 21 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3600 W. SAMPLE ROAD COCONUT CREEK FL 33073		3600 W. SAMPLE ROAD COCONUT CREEK FL 33073-4400	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0002361	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
META-SCIENCE, INC. 3600 W. SAMPLE ROAD COCONUT CREEK FL 33073	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record.	\$370,000.00	10. Amount of Capital Contributions in FLORIDA to date.	370,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	--------------	--	------------	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J09164 META-SCIENCE, INC. 3600 W. SAMPLE ROAD COCONUT CREEK FL	STREET ADDRESS	
		CITY - ST - ZIP	200003144062--9 -02/23/00--01020--015 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	J65652 FLORIDA BUTTERFLY FARM, INC. 3600 W. SAMPLE ROAD COCONUT CREEK FL	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

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 information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #

SIGNATURE: ~~John Doe~~ Ronald BOENDER 1-11-99 0774434

CR2F003 (9/99)