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Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt, #, etc.	<del></del>	THO NOT WRITE IN THIS SPACE
Sity & State	City & State		4. FEI Mumber 65-0457185 Applied For Not Applicable
Zin Country	, Z <sub>P</sub> ,	Country	5. Certificate of States Desired (1971) \$8.75 Additional Foe Required
6. Name and Address of Curre	ent Registered Agent	Hamaning	7. Name and Address of New Registered Agent
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ne above named entity submits this statemen	t for the purpose of changing its	s registered office or regrs	ligred agent, or both, in the State of Florida
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NO NCHOVIES NEIGHBORHOOD PASTARIA

Personant Janobastas S

August 22, 2000

Florida Department of State Division of Corportations PO Box 6327 Tallahassee, FL 32314

## To Whom It May Concern:

After receiving a letter from your office dated July 21, 2000 requesting a corrected annual report/uniform business report, we made the appropriate corrections and returned it to your office. We have now received a second letter stating that you have received the corrections but had not received payment. As I had outlined in a telephone conversation on August 21, 2000, we already sent payment with check number 2421 dated January 21, 2000. I am forwarding a copy of the check stub for your perusal. Unfortunately, through no fault of our own, somehow that check apparently did not reach your office. We apologize for any inconvenience this may have caused you. We have enclosed a check in the amount of \$150.00. We understand that you require a fee to be assessed in the event of late payment. We are hoping that due to our history of on-time payments and an attempt to pay on-time this year, in good faith, that you can waive the late fee. We appreciate your generous consideration in this matter. Should you require any further information, please feel free to contact me anytime at (561) 624-1384.

Sincerely.

Frank Eucalitto

Owner