FILED May 07, 2001 8:00 am \$ Secretary of State 05-07-2001 90059 043 ****61.25

Principal Pla	ce of Business	Mailing Address		 _				
1815 GULF BLVD ENGLEWOOD FL 34223		1815 GULF BLVD ENGLEWOOD FL 34223		,				
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2. Principal Place of Business		3. Mailing Address					HINNI ONON I	1811 616 01 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SF	PACE	
City & State		City & State		4. FEI Numbe	59-2654582			pplied For
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Ad	ditional
<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	egistered Ag	jent	
		••••••••••••••••••••••••••••••••••••••	Name				•	
WHITTUM, HAROLD			Street A	reet Address (P.O. Box Number is Not Acceptable)				
1815 GU			+					
ENGLEWOOD FL 34223		City				FL	Zip Coo	le
8. The above	e named entity submits this statement for	or the purpose of changing its re	eaistered office or	registered agent, or bot	h, in the state of Flor	rida.	<u> </u>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NC FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri		Financing	\$5.00 May Be Added to Fees Make Check Payable to Department of State					
	•	1		Added to Lees		Zer tirrerit o	n State	
10.	OFFICERS AND DI	RECTORS	11.		ANGES TO OFFICER			V 10
	S	RECTORS Delete				RS AND DIRE		V 10 Addition
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12. 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 or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941 414 8310 Daytime Phone #