FILED Jun 20, 2001 8:00 am Secretary of State

DOCUMENT # 703348					Secretary of State				
AVON	(l			05-14-20	01 90238 008 *	***61.25			
Principal Place of Business		Mailing Address							
109 E MAIN ST AVON PARK FL 33825-3904 US		P O BOX 1221 AVON PARK FL 33826 US							
	ARKSENIOR ACTIVIESCLUI					11 11 1111 1111 11		EN SARA ESTA (66)	
2. Principal Place of Business AUDN PARK		3. Mailing Address							
Suite, Apt. #, etc. AUON PARK FL-		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-6561010 Applied For Not Applicable				
33825 Country USA		Zip Country		::-	5. Certificate	of Status Desired		Additional	1
3300.	6. Name and Address of Current F	legislered Agent			7. Name and	d Address of New F			₫.
				Name STAN - Mc-CONA OOK					7
	K, WILLIAM BEVERLY	5ANDS Hwy 2750. C-9 PARK FL, 33825 City			s (P.O. Box Number is Not Acceptable)				7
	OS SCENIC HWY 1852 ROOF FL 33843 AVAN ア	HWY 2750. C-7			0 U.S. 27 SD. L-11				7
i thosiri	NOUT PL 33043 MYON F	MAK +L, 33885 City AU			NPAR		*	8885	1
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office of					5000	\dashv
	BEVERLY SAI	Sulle				4/28/01			
SIGNATURE	Signature, typed or printed name of registered agent an	4 70000	Registered Agent signs	sture required w	then reinstating)		DATE		
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FILE NOW: FEE IS \$61.25					0 May Be Make Check Payable to Department of State				
10.	OFFICERS AND DIRE	CTORS	11.				RS AND DIRECTORS		┧_
TITLE	PD POLLOCK MALIAN	□ Delete	TITLE NAME	PP5	TAN Me	Cormack	Chang	e 🔲 Addition	CR2E037 (10/00)
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CITY-ST-ZIP	AVON PARK FL 33825	· · · · · · · · · · · · · · · · · · ·	CITY+ST-ZIP	6:	AUON	PARK FL	. 33825		1
TITLE NAME	SEC -VONDRAK, PHYLLIS	☑ Delete	TITLE	SEC	EORGE	UONDRA	K_ Change	Addition	}
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STREET ADDRESS	4229 CAPRI ST		STREET ADDRESS	۱ ۱	852	HWY 27	50, C-9	~	1
CITY-ST-ZIP	SEBRING FL 33872	. ☐ Balata	CITY-ST-ZIP	 -	HUON	PAKK +	した。 □ Change	5 Addition	┨
NAME		✓ □ Delete	TITLE NAME]			L_I unarige	☐ Addition	
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						

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:

Beverly Barde RED

4/28/01

453-8273

Daytime Phone #