Making Address 0 8.5 KMUPAN 820 0 8.5 KMUPAN 820 0 9.6 S KMUPAN 820 0	OCUMENT # 515086 . Entity Name ORMOND GENERAL CORP.			FILED Jan 12, 2001 8:00 am Secretary of State
Suite, Apr. #, otc. Suite, Apr. #, otc. DO NOT Weit'R IN THIS SPACE) B. S. KAUFMAN. ESQ.) W. GRANADA BLVD.	C/O B. S. KAUFMAN, ESQ. 400 W. GRANADA BLVD.		01-12-2001 90009 023 ***150.00
City & State Country Zip	Principal Place of Business	3. Mailing Address		
Section Sect	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11. 12.1 E	DO NOT WRITE IN THIS SPACE
RAUFHAN, BRUCE S A00 W. GRANADA BLVD. ORMOND BEACH FL. 32174 City FL Zip Code	City & State	City & State		Not Applicable
Name Sireet Address (P.O. Box Number is Not Acceptable)	i i		Country	5. Certificate of Status Desired Fee Required
KAUFMAN, BRUCE S 400 W. GRANDA BLVD. ORMOND BEACH FL 32174 City FL Zip Code	6. Name and Address of Current Re	gistered Agent	News	
L. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signa	400 W. GRANADA BLVD.		Street Address	
Signaturus, tysed or presert name of implemental control applicable. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department and elects to do so. Make TMAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. St. Added to Fees Added to Fees Trust Fund Contribution. St. Added to Fees Trust Fund Contribution. Addition Change Addition Addition Make Check Payable to Department of State Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Change Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Addition Trust Fund Contribution. Addition Trust Fund Contribution. Change Addition Trust Fund Contribution. Trust Fund Contribution	.The above named entity submits this statement for the	ne purpose of changing its	registered office or registe	
Tax fling requirement and elects to do so After MAY 1, 2001 Fee will be \$850.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE AME Change Addition RECT ADDRESS 20 TWELVE OAKS TRAIL Change Addition RECT ADDRESS CHY-S1-2P Change Change Change Change Cha	Signature, typed or printed name of registered agent and This corporation is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.00	
PTD				Trust Fund Contribution. Added to Fees
NAME INCEST ADDRESS INTEST ADDRESS I	LE PTD KAUFMAN, BRUCE S REET ADORESS 20 TWELVE OAKS TRAIL	_	NAME STREET ADDRESS	☐ Change ☐ Addition (O)()
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AME REET ADDRESS RTY-ST-ZIP 3. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **REET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes are chapter 607. Florida Statutes are chapter 607, Florida Statutes are chapter 607, Florida Statutes are chapter 607.	ME REET ADDRESS	☐ Delete	NAME STREET ADDRESS	
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SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytone Phone #	indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with	ie and accurate and that me red to execute this report:	ny signature shall have the as required by Chapter 60	same legal effect as if made under oath; that I am an officer or director
	SIGNATURE AND TYPES OR PRIN	TED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime Phone #