FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	JK I		Secretary of State DIVISION OF CORPORATIONS										
DOCUN 1. Corporation		# 5	6229	7	(2)									
1		OLN IN	TERIORS, II	NC.										
Principal Place	of Business			Mailin	g Address					{ 	(IEIF BIEFF BIEJI I	
675 BEACHLAND BLVD. 675 BEACHLAND BLVD. VERO BEACH FL 32963 VERO BEACH FL 32963 US US										i i				
										3. Date incorporated or Qualified 03/17/1978	3a. Da	of Last F 03/07/1		
2. Principal Pla	ace of Busines	3S		2a. Ma	ailing Address					4. FEI Number 59-1810461			Applied For Not Applical	ble
Suite, Apt. #				St 27	iite, Apt. #, etc.					5. Certificate of Status Desired	Ø		5 Additional Required	
City & State	•			Cr 28	ty & State					Election Campaign Financing Trust Fund Contribution			00 May Be	
Zip 24	2	Country	<i>(</i>	28 Zir	p	Co.	intry			This corporation has liability for Florida Statutes	ntangible		ed to Fees s 199.032,	
			ss of Current I		ed Agent	1901				10. Name and Address of New R		d Agent		
MITCH	ELL, JOHN						81	Name						-
	ANDPIPER P	OINT					82	Street .	Addres	s (P.O. Box Number is Not Acceptab	(e)		•	
VERO I	BEACH FL	32963					83							
							84	City			F	85 Z	ip Code	
11. Pursuant to	o the provision	ns of Section	ons 607,0502 at	nd 607.18	508, Florida Statute	s, the abo	ve-r	named co	prporat	ion submits this statement for the pur	oose of o	hanoino its	registered of	fice
familiar with	h, and accept	t the obliga	tions of Fiorida.	607.050	iange was authorize 05, Florida Statutes		corp	m	board	of directors. I have by accept the appro-	ointment a	as registere	d agent. I am	,
SIGNATURE _	Signature, typeo or	printed n	of rigistrico agent and	title i applic	able. (NO	TE: Rogistered	Ag	Jajona Ve	Equired v	Then reinstating)	DATE			_ _
12.		C	FFICERS AND I	DIRECTO		13.				ADDITIONS/CHANGES TO OFF	CERS AN			
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STREET ADORESS		PLUM F						ADDRESS	38	0 SABAL PALM LAN	Ε			CR2E034 (12/95)
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NAME						6.2 N						Ununge		
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP			(<u> </u>	. 41-1- 611	- 10 10 10 10 10 10 10 10 10 10 10 10 10	64 CI							 	
certify that oath; that I	the information	on indicated or director	on this annual of the Coperat	report or ion or the	supplemental annu	ial report is	e tru	e and ac	curata	the exemption stated in Section 119. and that my signature shall have the eport as required by Chapter 607, Flo	amo logi	at offect on i	if made unde	er
SIGNAT	URE*	SIGNATUR	AND TYPED OR PE	INTED NAM	ME OF SIGNING OFFICE	ANKEC	Ma [*]	-L-I+	1001	N H/12/98 40	17-6	31-/9 Daytime Phone	120	