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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

SI PETERSBURG FL 33701  ST PETERSBURG FL 33701  3. Date incorporated or Qualified 11/10/1989 3. 3a. Date of Least Report 40/07/1989 40/07/1989 40/07/1989 40/07/1989 50/07/1989		NNUAL REPORT Secretary of State  1996  DIVISION OF CORPORATIONS				
VANCHUCK, BERMAN & KASARIS, P.A.  More of Power of Survey of	DOCUM	1ENT # 60167	0 (3)			
Matter Address   Matt			S, P.A.		1 100 (10 T (11) 1 E 110 ( 110) 0 (11) 1 E 114 (	INI) DIDNI DIGU BIRIL DIDNI DIDNI BIDII 1001
P. O. BOX 4192   ST PETERSBURG FL 33701   ST	Principal Place o	of Business	Mailing Address			
Site Action of Custing Address   2a Mailing Address   4. FET Number   Applied For   Ap	P O BOX 4192		P O BOX 4192	-		
September   Sept	ST PETERSBUF	IG FL 33701	ST PETENSBUNG PL 33/	UI	1	1
City & State  Ci	2. Principal Plac	ce of Business	*** ***		1 **	Not Applicable
Agin   Country   Zip   Country   Zip   Country   S. This corporation is buildly first interpole bax under is 199,032, Florida Statutes   Zince   No   No   No   No   No   No   No   N	Suite, Apt. #	, etc.	<b>├</b> ─-1		5. Certificate of Status Desired	
Country	City & State		in the sequence of the seque		,	
SNOW, KENNETH H 3409 BROOK RINGE LANE PARRISH FL 34219  82 Street Address (P.O. Box Nambor is Not Acceptable)  83 Ball City FL 85 ZP Code  84 City FL 85 ZP Code  85 City FL 85 ZP Code  86 City FL 85 ZP Code  87 City FL 85 ZP Code  88 City FL 85 ZP Code  88 City FL 85 ZP Code  89 City FL 85 ZP Code  80 ZP Code  80 ZP Code  80 ZP Code  81 ZP Code  81 ZP Code  81 ZP Code  82 ZP Code  83 ZP Code  84 City FL 85 ZP Code  85 ZP Code  86 ZP Code  87 ZP Code  87 ZP Code  88 ZP Code  88 ZP Code  88 ZP Code  89 ZP		+ · n		<b>⊢</b> ¬ ′		
BASING PARRISH FL 34219  BAY  City  FL  BAS  City		9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
PARRISH FL 34219		snow, kenneth H			ress (P.O. Box Number is Not Acceptab	le)
### City				83		
The Filterian Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or neglected agent, or hoth, in the Subte of Florida Subt change we authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNALUFE  12.	rannion	FL 34218		RA City		RS Zin Code
STD	familiar with	<ol> <li>and accept the obligations of, So signature, typed or protect natice of registreed ag</li> </ol>	en: and trin if applicable (NO	E. Rugistered Agent signature require	od when reinstatingi	DATE
380 CENTRAL AVE #1320   1.3 STREET ADDRESS   1.4 CITY_ST_AP    2.1 TIME     Change   Addition   A					ADDITIONS/OF/ANGES TO OFF	
PD	STREET ADORESS	360 CENTRAL AVE #1320		1.3 STREET ADDRESS		
2   STREET ADDRESS   ST PETERSBURG FL	CITY - ST - ZIP	PD	☐ DELETE			Change Addition
DELETE   3 1 TITLE   Change   Addition     SPREEL ADDRESS   33 STREET ADDRESS     STREET ADDRESS   34 CTIT'S T-P     DELETE   DELETE   4 1 TITLE   Change   Addition     MAME   Addition     MAME   ADDRESS     STREET ADDRESS   A 1 STREET ADDRESS     STREET ADDRESS   A 2 STREET ADDRESS     CITY ST - ZIP   Change   Addition     Addition     AMM   ADDRESS   A 3 STREET ADDRESS     STREET ADDRESS   A 4 CTIT'S T- ZIP     DELETE   DELETE   ADDRESS     STREET ADDRESS     S	NAME STREET ADDRESS			1		
SPAME     SPAME     SPAME     SPAME     SPAME     SPAME	CHTY - ST - ZIP	ST PETERSBURG FL	רון מכו נדנ			Change Addition
34 CHY-ST-ZIP	NAME			3.2 NAME		
A NAME					<u></u>	
Addition			☐ DEFETE	4.2 NAME		Change Addition
DELETE   DELETE   Change   Addition						
53 STREET ADDRESS   54 CITY - ST - ZIP			DELETE			Change Addition
THE DELETE 6 1 TITLE Change Addition  NAME  STREET ADDRESS  CTV: ST-ZIP  DELETE 6 1 TITLE Change Addition  62 NAME  63 STREET ADDRESS  64 CITY: ST-ZIP  CTV ST-ZIP  The event beautiful to Section 119 OZ(3VI) Florida Statutes I further.						
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CHY-ST-ZIP  6.4 CHY-ST-ZIP  6.4 CHY-ST-ZIP  6.5 CHY-ST-ZIP  6.5 CHY-ST-ZIP  6.6 CHY-ST-ZIP  6.7 CHY-ST-ZIP  6.7 CHY-ST-ZIP  6.8 CHY-ST-ZIP  6.9 CHY-ST			DELETE			Change Addition
CTV-S1-7IP 64 CNV-S1-7IP 64 CNV-S1-7IP 64 CNV-S1-7IP 19 CTV-S1-7IP 19 CT	NAMI					
the first state of the first sta	STREET ADORESS					
		I by certify that the information supplied I the information indicated on this a	ed with this filing is voluntarily furn	short and door not available	for the exemption stated in Section 11 rate and that my signature shall have th	9.07(3)(k), Florida Statutes. I further e same legal effect as if made under

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR