

165

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

97 JUN 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
627713

Mailing Address
326 SW Ave B
Belle Glade Fl 33430

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	

3. Date Incorporated or Qualified 12/1/81	3a. Date of Last Return 1996
4. FEI Number 59 2138931	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.332, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	

10. Name and Address of New Registered Agent			
81	Name	MICHAEL HOO	
82	Street Address (P.O. Box Number is Not Acceptable)	254 W Palm DRIVE	
83			
84	City	Fla City Fla	FL
85	Zip Code	33034	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE:

12. OFFICERS AND DIRECTORS	
1.1 TITLE	[REDACTED]
1.2 NAME	[REDACTED]
1.3 STREET ADDRESS	[REDACTED]
1.4 CITY - ST - ZIP	[REDACTED]
2.1 TITLE	Michael Hoo 2.1.P/VP
2.2 NAME	3605 SW AVE 2
2.3 STREET ADDRESS	Roller Glade Fl
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	300002230333--0 -07/03/97--01108--010 ***330.00 ***165.00
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
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5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated is true and accurate and that my signature shall have the same legal effect as if made under oath. I have fulfilled all obligations imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver of assets; that I am empowered to execute the information provided in this filing; that I am not a resident of the State of Florida; that I am not a resident of the State of Florida; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.