## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



**FILED** Apr 16 1997 8:00am Secretary of State

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.*	e of Business /ARD BLVD. STE 206 FL 33317	69	ailing Address 01 W BROWARD BLVD. ANTATION FL 33317-29 3		3. Date Incorporated or Qualified	3a. Date of Last R	
2. Principal F	Place of Business	2a.	Mailing Address	·	04/30/1980 4. FEI Number	05/01/1996	plied For
1 80/	NW 67 AV		801 N/U	U 67 AVE	59-2016031	No	t Applicat
Sulte, Apr	#, <del>0</del> (C.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 /	Additional equired
City & Stat	MATHON	FC 28	City & State	ALION FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	
Zip 4 <b>3</b> 333	Country 25 BR	OWARD 29	333/7	Country 30 DROWARD		Yes XNo	199.032
NO	9. Name and Address YES, JOHN C EA PRES		tered Agent	B1 Name	10. Name and Address of New Re	gistered Agent	
690	1 W BROWARD BLVD, NTATION FL 33317			82 Street Age	itess (P.O. Box Number is Not Acceptate	ole)	
				84 City	CANTA TON TO	- 85 <del>29</del> ,	Code .
11. Pursuant office or r agent. I a	to the provisions of Section registered agent, or both, im familiar with, and accep	ons 607.0502 and 6 in the State of Florid pt the obligations of			poration submits this statement for the ption's board of directors. I hereby acception's		
11. Pursuant office or ragent. I a SIGNATURE	Sibrature, typou or printed name o	May.	if applicable (NOT	es, the above-named corpora authorized by the corpora brida Statutes.  To HN Q No- hegistered Agent signature regul		ourpose of changing it the appointment as APR 1 2 199	7
SIGNATURE  12.  TITLE	Siboature, typoly or printed name of OFF	i regionered agoni and i c	if applicable (NOT	To HN C, No.: Registered Agont signature required.  13. 1.1 Title	VUS EA red when reinstating)	ourpose of changing it the appointment as APR 1 2 199	7 S IN 12
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