DOCÜ	MENT # US92 Patio furnishings	38		(UBR)	] ]	FI Feb 24, 2 Secreta	LED 2000 8 ry of	3:00 am State
Principal Plac	 e of Business	Mailing Address				02-24-2000 9	90068 012 *	**150.00
11785 US HIGHWAY ONE 11785 US JUNO, FL 334083 JUNO, FL				GHWAY O	NE	<b>M</b> 3 5 6	) <u>(</u>	
2. Principal P	lace of Business	3. Mailing Address			-	ر السيد ال		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	<del></del>	City & State			4. FEI Number . Applied For			
7:-	Country	7:		<b>1</b>	59-20	25770	40.75	Not Applicable
Zip	Country	Zip	Count	ıry	5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current	t Registered Agent		Name	7. Name and	Address of New Regis	stered Agent	
	C. BENDER NORTH FEDERAL HIG	Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33487				City		FL Zip Code		
Tax filing re	signatur, typed printly name of registered agent oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	e FILE NOV	VIII FEE	IS \$150.00 will be \$550.00 water and of St	10. Elec	ction Campaign Financ at Fund Contribution.		5.00 May Be dded to Fees
11.	OFFICERS AND	<b>有意思性研究的能力是不由此类似的形</b>	12.	upangan punakan		CHANGES TO OFFICER	RS AND DIREC	TORS IN 11
TITLE	DP	Delete	TITLE NAME				☐ Cha	nge
NAME STREET ADDRESS	BENDER, SOUN C.  6101 N. FEDERAL HIGHWAY  BOCA RATON, FL. 33487  SD. Delete  BENDER, JACQUELINE  6101 N. FEDERAL HIGHWAY			ET ADDRESS -ST-ZIP				
CITY-ST-ZIP				-31-21	_		Cha	nge 🔲 Addition
IAME TREET ADDRESS				ET 40000000				
CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
ITIE	-V						Cha	nge Addition
TREET ADDRESS	BENDER, JOHN G. 6101 N. FEDERAL	HTGHWAY	NAME STREE	ET ADDRESS				
ITY-ST-ZIP	BOCA RATON, FL	33487	_	-ST-ZIP			Cha	nge 🔲 Addition
ITLE IAMÉ	V BENDER, JEFFREY	☐ Delete	TITLE NAME				(_) Cila	inge Addition
TREET ADDRESS	6101 N. FEDERAL			ET ADDRESS ST-ZIP				
TILE	BOCA RATON, FL	33487 🖂 Delete	TITLE	ļ			☐ Cha	nge Addition
IAME TREET ADDRESS			NAME STREE	ET ADDRESS				
ITY-ST-ZIP				ST-ZIP				
ITLE IAME		☐ Delete	TITLE	<b>I</b>			Chai	nge
TREET ADDRESS				ET ADDRESS				

13. 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.

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR