

DOCUMENT # 705724

1. Entity Name

TEN NINETY ONE BUILDING, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4790 DEAUVILLE DRIVE
ORLANDO FL 32808

4790 DEAUVILLE DRIVE
ORLANDO FL 32808-7753

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6139993

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COON, DONALD J
6720 MATCHETT RD.
ORLANDO FL 32809

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [Signature of Donald J. Coon]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11 Jan 2000
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C
NAME COON, DONALD J
STREET ADDRESS 6720 MATCHETT RD
CITY-ST-ZIP ORLANDO FL 32809

TITLE D
NAME SHERMAN TOM
STREET ADDRESS 7710 DAETWYLER DR H 25
CITY-ST-ZIP ORLANDO FL 32812

TITLE T
NAME LOGSDON, THOMAS F
STREET ADDRESS 704 BEVERLY AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DORNSEIF, ED
STREET ADDRESS 4804 BALBOA DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DIERKS, DAN
STREET ADDRESS 2315 OHIO DR
CITY-ST-ZIP ORLANDO FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME POCHINTESTA, JOHN
STREET ADDRESS 6309 MACKENZIE ST
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. COON DONALD J. COON - C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Jan 2000 851-4559
Date Daytime Phone #

CR2E037 (9/99)