DOCUMENT # 729185

1. Entity Name

NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AMERIC

FILED Jan 09, 2001 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address		01-	09-2001 90011 039 *	****61.25	
PICADILLY CAFETERIA 1900 34TH STREET N. ST PETERSBURG FL 33713 US		% ROBERT WICKMAN 775 43RD AVENUE N.E. ST. PETERSBURG FL 3370	03	1 11881111	###	. Pinki ninik ninji ni	sa era rell
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	23-7354739		plied For t Applicable
Zip Country		Zip Country		5. Certificate of	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered	d Agent	,
- درجست <u>ح</u> ین			Name	9/2 20 -	7-P-1		اتنبند
WICKMANN, ROBERT 775 43RD AVE. N.E.			Street Ad	dress (P.O. Box Number		No.	
ST. PETE	RSBURG FL 33703				1	710	
9. The above	named entity submits this statement for	y the nurness of changing its	registered office or r	registered agent, or both	in the state of Florida.	<u> </u>	<u></u>
6. The above	maried entity submits this statement it	in the purpose of charging its	registered emoc er t	egiolorea agent, er ben	, maio dalo ot mondal		1
	/3.1	(D)	/		0 / 1		
SIGNATURE	Milhaea	heast	y		Jan 5 0	2001	
SIGINATORIC.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	e required when reinstating)) DATE	•	- 1
		<i>-</i>	. <u>. </u>		<u>/</u>		
	FILE NOW:	9. Election Campaign	Financing	\$5.00 May Be	Make Check	Pavable to	
	FEE IS \$61.25	Trust Fund Contrib		Added to Fees		nt of State	{
	FEE 13 \$01.25	1					1
10.	055,0500 AVD DI						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 anofficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 5 200/-377-9035