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I MATLAD AVENUE TANONTE SPROS R. 12701 6847       BEL MATLADO AVENUE ALTANONTE SPROS R. 12701 6847       Image: Constraint of the Constraint of Constraint	Corporation	n Name	636					`
International and a dominant         20         Obj (20/1976)           Suite, Apt. #, etc.         Suite, Apt. #, etc.         4. FE Hundrer         Inc. Applied For           City & State         City & State         S. Certificate of Status Desired         Status	MAITLAND	AVENUE	861	MAITLAND AVENUE	701-6847			
Start Start     Start Start     Start Start       Zip     Country     Zip     Country     Start Start       Zip     Country     Zip     Country     Start S	Principal P	lace of Business		Mailing Address				
City & State         Call (City & State         S. Certificate of Status Desired         \$8.75 Additional Fee Required           Zip         Country         Zip         Country         E. Election Campaign Financing Trust Fund Contribution         \$1.000000000000000000000000000000000000	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				
Zp         Country         Zp         Country         8. Election Campaign Financing         \$5.00 May Be Added to Fees           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         Added to Fees           MITCHELL, CHARLES I BS 1 MATLAND AVEHAUE         11. Name         10. Name and Address of New Registered Agent           ALTAMONTE SPRGS FL 32701-6847         12. Street Address (PCU: the Address of New Registered Agent agent. I and Taminative with, and accel the objections of Section 17. Solos, Florida Statution, the above-named corporation submits this statement for the provisions of Accel the spointment as registered agent. I and Taminative with, and accel the objections of Section 17. Solos, Florida Statutes.           CMATURE Suparen, toxic or emplatered agent and the adjections.         I/OFE Registered Agent adjections.         I/OFE Registered Agent adjections.           CMATURE Suparen, toxic or emplatered agent and the adjections.         I/OFE Registered Agent Agent Agent adjections.         I/OFE Registered Agent A	City & Stat	ie		City & State			\$8.75 Addit	ional
zs         zs         zs         Trust Fund Contribution         Added to Fees           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         Added to Fees           MITCHEL, CHARLES I         81         Name         Added to Fees         Name           MITCHEL, CHARLES I         82         Street Address (PO: Box Humber [s Not Acceptable)         83           ALTAMONTE SPRGS FL 32701-6847         84         City         FL         85         Zip Code           - Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exploritement as registered agent, or both the florida Statules.         Corporation submits this statement for the purpose of changing its registered agent, or both agent agent and registered agent, or both agent agent and the florida Statules.         EME         DATE           Signate. type or paties are of registered agent or both of florida Statules.         (potE Registered Agent A	Zip	Country		Zip	, Country		\$5.00 May	Be
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B61 MAITLAND AVENUE       B3         ALTAMONTE SPROS FL 32701-6847       B3         44       City       FL       85       Zip Code         - Pursuant to the provisions of Sactions 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 and maintaine with, and accept the obligations of Sactions 61.0503, Florids Statutes.       1 and purpose of changing its registered agent 1 and maintaine with and accept the obligations of Sactions 61.0503, Florids Statutes.         GNATURE       Squates, typed or purpose of department agent and the state of Florida.       (NOTE Regenerate Agent agent and the state of Florida.       Date         Squates. typed or purpose of other agent and the state of Florida.       (NOTE Regenerate Agent agent agent and the state of Florida.       Date         Squates. typed or purpose of changing its registered agent agent.       13 smeet Agent agent and the with the provision of Agent agent agent.       Date         States.       City       City       City       City         RABORN, KAREN M       12 smule       City       City       City         Nee Floridation       DELETE       11 mte       City       City       City         V:57.2P       ALTAMONTE SPROS FL       22 make       23 smeet Address       City       City       City         V:57.2P       ALTAMONTE SPRINGS FL       22 make <td></td> <td>9. Name and Address</td> <td>of Current Registe</td> <td>ered Agent</td> <td>81 Name</td> <td>IC. Name and Address of New Regist</td> <td></td> <td></td>		9. Name and Address	of Current Registe	ered Agent	81 Name	IC. Name and Address of New Regist		
B61 MAITLAND AVENUE       B3         ALTAMONTE SPROS FL 32701-6847       B3         44       City       FL       85       Zip Code         - Pursuant to the provisions of Sactions 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 and maintaine with, and accept the obligations of Sactions 61.0503, Florids Statutes.       1 and purpose of changing its registered agent 1 and maintaine with and accept the obligations of Sactions 61.0503, Florids Statutes.         GNATURE       Squates, typed or purpose of department agent and the state of Florida.       (NOTE Regenerate Agent agent and the state of Florida.       Date         Squates. typed or purpose of other agent and the state of Florida.       (NOTE Regenerate Agent agent agent and the state of Florida.       Date         Squates. typed or purpose of changing its registered agent agent.       13 smeet Agent agent and the with the provision of Agent agent agent.       Date         States.       City       City       City       City         RABORN, KAREN M       12 smule       City       City       City         Nee Floridation       DELETE       11 mte       City       City       City         V:57.2P       ALTAMONTE SPROS FL       22 make       23 smeet Address       City       City       City         V:57.2P       ALTAMONTE SPRINGS FL       22 make <td></td> <td>CHARLES I</td> <td></td> <td></td> <td>82 Street Add</td> <td>ress (P (1-Brochumber is Not Acceptable)</td> <td></td> <td></td>		CHARLES I			82 Street Add	ress (P (1-Brochumber is Not Acceptable)		
ALTAMONTE SPRGS FL 32701-6847       8         ALTAMONTE SPRGS FL 32701-6847       8         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was automicad by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was automaticated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was automaticated by the corporation's board of directors. I hereby accept the appointment as registered agent, or both of the obligations of, Section 617.0503, Florida Statutes.         GNATURE       Signature, typed or prime and the displacement. (INPE: Floridae Statutes.)         GNATURE       OFFICERS AND DIRECTORS         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Lie       D         RABORN, KAREN M       124/14/2000         WEET ADDRESS       574 PL VILLER ADD         VST.2P       ALTAMONTE SPRGS FL         ALTAMONTE SPRGS FL       14 cmr.str.2P         VST.2P       ALTAMONTE SPRINGS FL         VST.2P       ALTAMONTE								
Pursuant to the provisions of Sections &17.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of Section 617.0503, Florida Statutes.     GNATURE     Gnantaes, type or printed name of ingatered agent and the if applicates.     OFFICERS AND DIRECTORS     GOFFICERS AND DIRECTORS     Intre      GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     GOFFICERS AND DIRECTORS     Intre     Intr			47		83			
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Le Dictite 1 mile 2 make above the second street address of the second str	office or r	registered agent or both in	the State of Florida	a. Such change was au	s, the above-named con thorized by the corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the a	FL	stered
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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 thy hame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	office or r agent. 1 a GNATURE .E .E .E .E .E .E .E .E .E .E .E .E .E	registered agent, or bolh, in am familiar with, and accept OFFI D RABORN, KAREN M 604-CONRAD-OT ALTAMONTE SPRGS F D MITCHELL, CHARLES 861 MAITLAND AVE. IL ALTAMONTE SPRINGS D KUHN, JOANN 519 MASON ST ALTAMONTE SPGS FL	the state of Florida the obligations of 3 epistered agent and tile if ICERS AND DIREC IL 5 FL 5 S2701	A. Such change was au Section 617.0503, Flori applicable. (NOTE: CTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named con thorized by the corporation da Statutes. Registered Agent signature requir 13. 1.1 TITLE 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 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. 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 the exemption stated in rate and that my signature cut but is repord as four	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER 574 Riviera Dr HITMORE Spy	FL                 se of changing its register         appointment as register         TE         IS AND DIRECTORS         IZ entange         I Change         Change	stered IN 12 Additio Additio Additio