COF ANNU	N OR BEFORE 8/7/96: \$61.29 DNPROFIT RPORATION JAL REPORT 1996	O (IT DISSOLVED, M	FLORIDA DEPAF Sandra I	RTMENT (B. Mortha iry of Stat	DF STATE	.v.zū.j					
DOCU	MENT # 74	14116	(5)								
	LE OF GOD, INC.										
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Principal Plac	e of Business	Ma	iling Address						E UNI MAN UI		
5000 PELLEP ORLANDO FL			09 PELLEPORT AVE. RLANDO FL 32812								
							 Date Incorporated 08/31/197 	or Qualified 8		e of Last R 09/19/1 9	
2. Principal P	Place of Business	2a. 26	Mailing Address				4. FEI Number 94-15999	59	· · ·	1 	oplied For ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired		\$8.75	
City & Stat	e		City & State				6. Election Campaign	_	П	\$5.00	May Be
Zip	Country		Zıp	h	ntry		Trust Fund Contrib 8. This corporation ha				***************************************
24	25 9. Name and Address	[29] of Current Registe	ered Agent	30		- 1	Florida Statutes 10. Name and Addres	s of New Re	Yes X		
5009 F	ITENSEN, R.M. DR PELLEPORT AVE. NDO FL 32812					Address	(P.O. Box Number is I	Not Acceptable	le)		
					83 City			<u>-</u>		85 Zip (Code
11. Pursuant	to the provisions of Sections	s 617,0502 and 61	7.1508, Florida Statut	es, the ab	84 City	corporat	ion submits this staten	nent for the pu	FL irpose of ch		Code registered
	to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 617.0502 and 61 the State of Florida the obligations of,	7.1508, Florida Statut Such change was a Section 617.0503, Fic	es, the ab uthorized orida State	84 City	corporation's	ion submits this staten board of directors. I h	nent for the pu ereby accept			
SIGNATURE	Signature, typed or printed name of n	agistered agent and title if	applicable (NO	E Registere	84 City ove-named by the contest.		hen reinstaling)		Irpose of ch the appoin	nanging its tment as re	registered egistered
SIGNATURE	Signature, typed or printed name of n		applicable (NOT	E Registere	84 City ove-named by the contest. Agent signature.				Irpose of ch the appoin	nanging its tment as re	registered agistered
SIGNATURE	Signature, typed or printed name of n OFFI PD CHRISTENSEN, R.M.	egistered agent and little if ICERS AND DIRECT	applicable (NO	E Registere	84 City ove-named by the contest. Agent signature.		hen reinstaling)		Irpose of ch the appoin	nanging its tment as re	registered egistered
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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 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE:

| Segnature and type or Printed Name of Skinling Officer on Director | Date | Dat

SIGNATURE: __