COLUMENT #       746828       (3)         ANIMAL WELFARE SOCIETY, INC.       Image: Construct and the society inclusted and the society of the construction of the construction of the construction of the society of the construction of the construction of the construction of the society of the construction of the consteneory of the construction of the constering of the co	COR ANNU	INPROFIT PORATION JAL REPORT <b>1997</b>		Sandra B Secreta	RTMENT OF STATE . Mortham ry of State CORPORATIONS	May 22 Secreta		
cipal Pace of Business Cox 977 Cox 4 12 Marks Cox 977 Cox 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NENT # 7	46828	(3)				
Product De Debress     PLOS 872 COLA FL 5478     PLOS 872 COLA FL 5478 577       10 Des Jerceportes or Challed Variable Status     3. Des Jerceportes or Challed CARD/1977     3. Des Jerceportes or Challed Status	ANIMAL	L WELFARE SOC	CIETY, INC.					
A Fit SHOR       COUL Fit SHORES         US       3. Data from properties of Business         Through Place of Business       3. Data from properties of Status Desired         Status       Status	ipal Place	e of Business	Ma	iling Address	· · · · · · · · · · · · · · · · · · ·			
Image: Proceed Business     Image: Test Bagering       Image: Provision of Socions B17.0502 and 617.1503. Fload: Statutes, the above anend corporation submits the statement for the proceed of								
Proceed Place of Business         Image Address         Image Address         Appled Format           20			US			3. Date Incorporated or Qualified	3a. Date of Last R	eport 96
BAD A 9 (B)       2010       20111       20111       20111       20111	rincipal Pl	ace of Business	2a.	Mailing Address		4. FEI Number	L	
PD       CALL 43 5 7 2       FT       Call 43 5 4 5 4 5 10 10 10 10 10 10 10 10 10 10 10 10 10	uite, Apt, I	#, ejç.	26	Swite, Apl. #, etc.	<u>3972</u>		60 7E	
UC_ALIA_FLOR:(A       20       20       Country       added to Fees         34478       20       20       Country       8. This corporation has kability for intangible tax unders . 199 032, include Statutes       Include Statutes <td< td=""><td>J-0 jty <b>A</b> State</td><td>Daf397.</td><td>न्<u>र</u> 27 (</td><td>City &amp; State</td><td></td><td></td><td>Fee Re</td><td>quired</td></td<>	J-0 jty <b>A</b> State	Daf397.	न् <u>र</u> 27 (	City & State			Fee Re	quired
34/4/7.8       28       30       Prodia Statutes       10 to E (1) too E (2) No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         HAMSHIRE, MARCELLE       520 SW 23RD PLACE       51       Name       61       Name         OCALA FL 34474       64       City       FL 68       20 Code         Pursuant to the provisions of Sections 617.0502 and 617 1508. Florida Statutes, the above named corporation submits this statement for the pursues of changing its registered agent at the State of Florida. Such change as authoracid by the corporation's board of directors. I hereby accept the appointment as registered agent at the agentation of the agentagent of the agentation of the agentation of	JCA	IA, FLOK		<u>34478</u>	USA	Trust Fund Contribution	Added	lo Fees
HAMSHIRE, MARCELLE SO SW 280 DP LACE OCALA FL 34474	344	478 25 U	SA 20			Florida Statutes	Yes X No	. 199.032,
HAMSHIRE, MARCELLE 520 SW 28RD PLACE OCALA FL 34474		9. Name and Addr	ress of Current Regist	ered Agent	B1 Name	10. Name and Address of New Rep	platered Agent	
Styrature         Under System System System and the if applicable         (POTE Regressed Agent Bigneture regulated when refiniting)         OATE           OFFICERS AND DIRECTORS         13.         ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12           HAMSHIRE, MARCELLE         11.1111         Change         Addition           HAMSHIRE, MARCELLE         1.11116         Change         Addition           TADINISS         520 SW 23RD PLACE         1.351REF1ADDRESS         Change         Addition           TADINISS         520 SW 23RD PLACE         1.351REF1ADDRESS         Change         Addition           TADINISS         TD         DELETE         2.11114         Change         Addition           TADINISS         RT. BOX 4 K         2.351REF1ADDRESS         Change         Addition           ST-2P         LAKE PANASOFFKEE FL         2.4017-951-28         Change         Addition           ST-2P         SO         DELETE         31117LE         Change         Addition           ST-2P         LAKE PANASOFFKEE FL         2.4017-951-28         Change         Addition           ST-2P         OCALA FL         3.517EF1ADDRESS         Change         Addition           ST-2P         OCALA FL         3.517EF1ADDRESS         Change         Addition	OCALA I	rl 044/4			84 City		<b>65 Zip</b> (	Code
PD       DELETE       1.1 TITLE       Change       Additio         HAMSHIRE, MARCELLE       1.2 WAVE       1.3 STREET ADDRESS	Pursuant te	to the provisions of Sec	th. an the State of Florid	ia - Such chance was r	es, the above-named cor authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	FL	s registered
TADDRESS       520 SW 23RD PLACE       13 STREET ADDRESS         S1:2P       TD       DELETE       21 TITLE         TD       DELETE       21 TITLE         DIXON, VONA       22 NAME         S1:2P       LAKE PANASOFFKEE FL       24 CITY-ST-ZIP         S0       DELETE       31 TITLE         S1:2P       LAKE PANASOFFKEE FL       24 CITY-ST-ZIP         S0       DELETE       31 TITLE         LEONARDI, JOSEPH       32 NAME         S1:2P       CCALA FL       24 CITY-ST-ZIP         CADRESS       3748 N.E. 8TH PL. #141       33 STREET ADDRESS         S1:2P       OCALA FL       4. OTY-ST-ZIP         CADRESS       3748 N.E. 8TH PL. #141       33 STREET ADDRESS         S1:2P       OCALA FL       4. OTY-ST-ZIP         CALA FL       10 ELETE       4. OTY-ST-ZIP         CALA FL       10 ELETE       4. OTY-ST-ZIP         CALA FL       10 ELETE       5.1 TITLE         S1:2P	Pursuant te office or re agent I an	to the provisions of Se egistered agent, or bo m familiar with, and ac Signature, typed or printed nar	th, in the State of Florid cept the obligations of, me of registered agent and title i	a. Such change was ( Section 617.0503, Fk rapplicable (NOT	es, the above-hamed cor authorized by the corpora orida Statutes. E: Registered Agent signature requ	Ition's board of directors. I hereby accep	UPDOSE OF Changing it t the appointment as	s registered registered
ST-ZIP       OCALA FL       14 GIY-SI-ZIP         TD       DELETE       21 TITLE         DIXON, VONA       22 NAME         ST-ZIP       LAKE PANASOFFKEE FL       24 GIY-SI-ZIP         SD       DELETE       31 TITLE         LEONARDI, JOSEPH       32 NAME         ST-ZIP       OCALA FL       Change         VI       DELETE       31 TITLE         LEONARDI, JOSEPH       32 NAME         ST-ZIP       OCALA FL       Change         LEONARDI, JOSEPH       33 STRET ADDRESS         ST-ZIP       OCALA FL       Change         VI ADDRESS       3748 N.E. 8TH PL. #141       33 STRET ADDRESS         ST-ZIP       OCALA FL       34.0TY-ST-ZIP         VI ADDRESS       3748 N.E. 8TH PL. #141       33 STRET ADDRESS         ST-ZIP       OCALA FL       Change       Additio         I ADDRESS       ST-ZIP       I DELETE       Change       Additio         ST-ZIP       DELETE       STITLE       I Change       Additio         ST-ZIP       ST ADTY-ST-ZIP       STITLE       I Change       Additio         ST-ZIP       ST STRET ADDRESS       STRET ADDRESS       STRET ADDRESS       STRET ADDRESS         ST-ZI	Pursuant te office or re agent I an	to the provisions of Ser egistered agent, or bo m familiar with, and ac Signature, typed or printed nar t PD	th, in the State of Florid cept the obligations of, ne of registered agent and title to OFFICERS AND DIREC	a. Such change was ( Section 617.0503, Fic rapplicable (NOT	es, the above-named cor authorized by the corpora prida Statutes. E: Registered Agent signature requ 13.	Ition's board of directors. I hereby accep	DATE ERS AND DIRECTOR	s registered registered
TD     DELETE     2.1 TITLE     Change     Additio       DIXON, VONA     22 NAME     2.3 STREET ADDRESS	Pursuant te office or re agent 1 ar	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed nar PD HAMSHIRE, MAR	th, in the State of Florid cept the obligations of, ne of registered egent and title I OFFICERS AND DIREC	a. Such change was ( Section 617.0503, Fic rapplicable (NOT	E: Registered Agent signature required as the second statutes.	Ition's board of directors. I hereby accep	DATE ERS AND DIRECTOR	s registered registered
T ADDRESS     RT.1 BOX 4 K     2.3 STREET ADDRESS       SI-2IP     SD     DELETE     3.1 TITLE       LEONARDI, JOSEPH     22 MANE       3748 N.E. 8TH PL. #141     3.3 STREET ADDRESS       SI-2IP     OCALA FL     3.4 CITY-ST-2IP       OCALA FL     3.4 CITY-ST-2IP       I ADDRESS     3748 N.E. 8TH PL. #141       SI-2IP     OCALA FL     3.4 CITY-ST-2IP       I DELETE     4.1 TITLE     Change       Additio     4.3 STREET ADDRESS       SI-2IP     OCALA FL       I ADDRESS     4.3 CITY-ST-2IP       I ADDRESS     4.3 STREET ADDRESS       SI-2IP     Additio       A CITY-ST-2IP     Additio       I ADDRESS     5.3 STREET ADDRESS       SI-2IP     Additio       A CITY-ST-2IP     Additio       I ADDRESS     5.3 STREET ADDRESS       SI-2IP     A CITY-ST-2IP       I ADDRESS     5.3 STREET ADDRESS       SI-2IP     SA CITY-ST-2IP       I ADDRESS     5.3 STREET ADDRESS       SI-2IP     SA CITY-ST-2IP       I ADDRESS     6.3 STREET ADDRESS       SI-2IP     SA CITY-ST-2IP       I ADDRESS     6.3 STREET ADDRESS       SI-2IP     6.4 CITY-ST-2IP	Pursuant te office or re agent I an NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac Signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI	th, in the State of Florid cept the obligations of, ne of registered egent and title I OFFICERS AND DIREC	a. Such change was ( Section 617.0503, Fic rapplicable (NOT	es, the above-named cor authorized by the corpora pricia Statutes. E: Registered Apent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Ilion's board of directors. I hereby accep	DATE ERS AND DIRECTOR	s registered registered
ST - 2P       LAKE PANASOFFKEE FL       2. 4 CITY - ST - ZIP         SD       DELETE       3.1 TITLE       Change       Additio         I ADDRESS       3748 N.E. 8TH PL. #141       3.3 STREET ADDRESS       34. CITY - ST - ZIP         OCALA FL       34. CITY - ST - ZIP	Pursuant te office or re agent I an NATURE	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed nar t PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD	th, in the State of Florid cept the obligations of, ne of registered egent and title I OFFICERS AND DIREC	a. Such change was t Section 617.0503, Fk <sup>4</sup> applicable (NOT TORS	es, the above-named cor authorized by the corpora pricia Statutes. E: Registered Apent eigneture requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Ilion's board of directors. I hereby accep	Urpose of changing it t the appointment as DATE ERS AND DIRECTOP	s registered registered IS IN 12
LEONARDI, JOSEPH     32 NAME       3748 N.E. 8TH PL. #141     33 STREET ADDRESS       Str-ZIP     OCALA FL       1 DELETE     4. OTY-ST-ZIP       1 ADDRESS     4.3 STREET ADDRESS       Str-ZIP	Pursuant tr office or re agent 1 an NATURE T ADDRESS ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA	th, in the State of Florid cept the obligations of, ne of registered egent and title I OFFICERS AND DIREC	a. Such change was t Section 617.0503, Fk <sup>4</sup> applicable (NOT TORS	E: Registered Agent signeture required as the above-named correct by the corporation or idea Statutes. E: Registered Agent signeture required as a statutes and a statutes are set as a statute of the statutes are statutes	Ilion's board of directors. I hereby accep	Urpose of changing it t the appointment as DATE ERS AND DIRECTOP	s registere registered IS IN 12
T ADDRESS       3748 N.E. 8TH PL. #141       3.3 STREET ADDRESS         SI-ZIP       OCALA FL       3.4 CITY-ST-ZIP         I DELETE       4.1 TITLE       I Change       Addition         4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         SI-ZIP       I DELETE       4.4 CITY-ST-ZIP         I ADDRESS       4.4 CITY-ST-ZIP         I ADDRESS       5.1 TITLE         SI-ZIP       I DELETE         I ADDRESS       5.3 STREET ADDRESS         SI-ZIP       S.1 TITLE         I DELETE       5.1 TITLE         SI-ZIP       S.3 STREET ADDRESS         SI-ZIP       S.3 STREET ADDRESS         SI-ZIP       S.4 CITY-ST-ZIP         I ADDRESS       S.3 STREET ADDRESS         SI-ZIP       S.4 CITY-ST-ZIP	Pursuant tr office or re agent 1 an NATURE T ADDRESS ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI	th, in the State of Florid cept the obligations of, ne of registered agent and title i OFFICERS AND DIREC ICELLE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	E: Registered Agent Bigneture required as the corporation of the corpo	Ilion's board of directors. I hereby accep	Urpose of changing it t the appointment as DATE ERS AND DIRECTOP	s registered registered IS IN 12
ST-ZIP       OCALA FL       34. CITY-ST-ZIP         I ADDRESS       I DELETE       4.1 TITLE       I Change       Addition         I ADDRESS       4.3 STREET ADDRESS       4.4 CITY-ST-ZIP       I Change       I Addition         I ADDRESS       5.1 TITLE       5.1 TITLE       I Change       I Addition         I ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS       I Addition         I ADDRESS       5.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       5.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       5.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       5.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       5.4 CITY-ST-ZIP       I Change       I Addition         I ADDRESS       5.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       6.3 STREET ADDRESS       I Change       I Addition         I ADDRESS       6.3 STREET ADDRESS       I I I I I I I I I I I I I I I I I I I	Pursuant to office or re agent 1 ar NATURE T ADDRESS SI-ZIP T ADDRESS SI-ZIP	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD	th, in the State of Florid cept the obligations of, ne of registered agent and title in OFFICERS AND DIREC ICELLE IACE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	E: Registered Agent signature required as the above-named correlation ized by the corporation is a statutes. E: Registered Agent signature required as a statutes and the second statutes are statutes as a strength of the second statutes as a strength of the second statutes are statutes as a strength of the second statutes as a strength of the second statutes are statutes as a strength of the second statutes are statutes as a strength of the second statutes are statutes as a strength of the second statutes are statutes as a strength of the second statutes	Ilion's board of directors. I hereby accep	CATE	s registered registered IS IN 12
I ADDRESS       4.2 NAME         4.3 STREET ADDRESS       4.4 CitY - ST - ZiP         I DELETE       5.1 TiTLE         I ADDRESS       5.2 NAME         I ADDRESS       5.3 STREET ADDRESS         St - ZIP       5.4 CitY - ST - ZiP         I DELETE       5.1 TiTLE         I ADDRESS       5.3 STREET ADDRESS         St - ZIP       5.4 CitY - ST - ZiP         I DELETE       6.1 TiTLE         I ADDRESS       6.3 STREET ADDRESS         St - ZIP       6.3 STREET ADDRESS         St - ZIP       6.3 STREET ADDRESS         St - ZIP       6.4 CitY - ST - ZiP	Pursuant to office or re agent 1 ar NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	E: Registered Agent bigneture required as the corporation of the corpo	Ilion's board of directors. I hereby accep	CATE	s registere registered IS IN 12
T ADDRESS     4.3 STREET ADDRESS       SI-ZIP     44 CITY-ST-ZIP       I ADDRESS     5.1 TITLE       I ADDRESS     5.3 STREET ADDRESS       ST-ZIP     5.4 CITY-ST-ZIP       I DELETE     6.1 TITLE       I ADDRESS     6.3 STREET ADDRESS       ST-ZIP     6.1 STREET ADDRESS       ST-ZIP     6.3 STREET ADDRESS       ST-ZIP     6.3 STREET ADDRESS       ST-ZIP     6.3 STREET ADDRESS       ST-ZIP     6.4 CITY-ST-ZIP	Pursuant to office or re agent 1 an NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rapplicable (NOT TORS	E: Registered Agent Bigneture required as the corporation of the corpo	Ilion's board of directors. I hereby accep	L     L     Urpose of changing it     the appointment as     DATE     ERS AND DIRECTOF     Change     Change     Change	s registered registered IS IN 12 Additio
T ADDRESS ST-ZIP Change Addition 1 ADDRESS ST-ZIP 61 TITLE Change Addition Addition 1 ADDRESS ST-ZIP 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS ST-ZIP 64 CITY-ST-ZIP	Pursuant to office or re agent 1 an NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rapplicable (NOT TORS	es, the above-named cor authorized by the corpora pricia Statutes. E: Registered Agent Eigneture requinance 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	Ilion's board of directors. I hereby accep	L     L     Urpose of changing it     the appointment as     DATE     ERS AND DIRECTOF     Change     Change     Change	s registered registered IS IN 12 Additio
T ADDRESS     5.2 NAME       ST-ZIP     5.4 CitY-ST-ZiP       DELETE     6.1 TiTLE       Change     Addition       6.2 NAME       6.3 STREET ADDRESS       ST-ZIP       6.3 STREET ADDRESS       ST-ZIP       6.3 STREET ADDRESS       ST-ZIP       6.4 CiTY-ST-ZiP	Pursuant to office or re agent 1 an NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rapplicable (NOT TORS	es, the above-named cor authorized by the corpora pricia Statutes. E: Registered Apent Eigneture requinance 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	Ilion's board of directors. I hereby accep	L     L     Urpose of changing it     the appointment as     DATE     ERS AND DIRECTOF     Change     Change     Change	s registered registered IS IN 12 Additio
T ADDRESS ST-ZIP	Pursuant to office or re agent 1 an NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rappicable (NOT TORS	es, the above-named cor authorized by the corpora pricia Statutes. E: Registered Apent eigneture requ 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 4.4 CITY-ST-ZIP	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio
ST- ZIP         5.4 CiTY- ST- ZiP           DELETE         6.1 TiTLE           0 DELETE         6.1 TiTLE           0 ADDRESS         6.3 STREET ADDRESS           ST- ZIP         6.4 CiTY- ST- ZiP	Pursuant to office or re agent 1 ar NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rappicable (NOT TORS	es, the above-named cor authorized by the corpora price Statutes. E: Registered Agent signature requined 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 4.4 CITY-ST-ZIP 5.1 TITLE	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio
6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 51- ZIP 6.4 CITY- ST- ZIP	Pursuant to office or re agent 1 ar NATURE T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fic rappicable (NOT TORS	es, the above-named cor authorized by the corpora prida Statutes. E: Registered Agent Bigneture requined 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	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio
1 ADDRESS 6.3 STREET ADDRESS ST-ZIP 6.4 CITY-ST-ZIP	Pursuant to office or re agent 1 an NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	es, the above-named cor authorized by the corpora prida Statutes.  E: Registered Agent Bigneture requing 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio
51-ZIP 6.4 CITY-ST-ZIP	Pursuant to office or re agent 1 an NATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	es, the above-named cor authorized by the corpora prida Statutes. E: Registered Agent Bigneture requined 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 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio
	Pursuant to office or re agent 1 an VATURE	to the provisions of See egistered agent, or bo in familiar with, and ac signature, typed or printed nar PD HAMSHIRE, MAR 520 SW 23RD PI OCALA FL TD DIXON, VONA RT.1 BOX 4 K LAKE PANASOFI SD LEONARDI, JOSI 3748 N.E. 8TH P	th, in the State of Florid cept the obligations of, ne of registered agent and title DFFICERS AND DIREC ICELLE LACE	A. Such change was e Section 617.0503, Fik rapplicable (NOT TORS	es, the above-named cor authorized by the corpora prida Statutes. E: Registered Agent Bigneture requined 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	Ilion's board of directors. I hereby accep		s registered registered IS IN 12 Additio

May 18, 1997 Please exuse the Cateness of this filing for due to unexpected hopetallyation thank you. Sincerely ques marcele Handrike, mes