	ONPROFIT RPORATION UAL REPORT 1996	Sal Se	DEPARTMEN Indra B. Morti ecretary of St N OF CORPO	F STATE			
DOCL	MENT # 7496	636 (7)					
1. Corporation	on Name E COMMUNITY CHAPEL	INC	4				
GII/(C	E COMMONT OFFICE	., 1140.					
Principal Plac	e of Business	Mailing Address					
5545 62ND	AVE. N. PARK FL 34665-5524	5545 62ND AVE. N					
FINELUNG F	MRN FL 34003-3324	PINELLAS PARK FI	L 34665-5524 1		3. Data languagestad or Outlifed	20 0-1(1	
					3. Date Incorporated or Qualified 11/02/1979	3a. Date of Last 05/01/1	1995
2. Principa! F 21	Place of Business	2a. Mailing Address 26	<del></del>		4. FEI Number 59-2086161		Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc	Э.		5. Certificate of Status Desired	,	5 Additional
City & Sta	te	City & State		<del></del>	6. Election Campaign Financing	_ \$5.0	Required  May Be
<b>23</b> Zip	Country	28   Zip	Coun	try	Trust Fund Contribution  8. This corporation has liability for		od to Fees
24	25 9. Name and Address of C	29	30		Florida Statutes	Yes No	. 199.032,
	5. World and Address of C	unent negistereu Agent		1 Name	10. Name and Address of New I	Registered Agent	
LICHT			1				ľ
	ND, ROBERT THOMAS		ε	2 Street Ad	ddress (P.O. Box Number is Not Acceptal	ble)	
5545 -	62ND AVE. N.				ddress (P.O. Box Number is Not Acceptal	ble)	
5545 -			8	3	ddress (P.O. Box Number is Not Acceptal		
5545 - Pinell	62ND AVE. N. AS PARK FL 34665		8	3 (4) City		FI 85 Zi	p Code
5545 - PINELL 11. Pursuant or registe	62ND AVE. N. AS PARK FL 34665  to the provisions of Sections 617 ared agent, or both, in the State of	TIONOS SUCH CHARGE WAS AUR	atutes, the above	3 City	ddress (P.O. Box Number is Not Acceptal poration submits this statement for the pure oard of directors. I hereby accept the app	FL 85 Zi	
5545 - PINELL 11. Pursuant or registe	62ND AVE. N. AS PARK FL 34665  to the provisions of Sections 617 red agent, or both, in the State of the and accept the obligations of,	Section 617.0503, Florida State	atutes, the above norized by the coutes.	Gity  e-named corproparation's bo	poration submits this statement for the pu loard of directors. I hereby accept the app	FL 85 Zi	
11. Pursuant or registe familiar w	62ND AVE. N. AS PARK FL 34665  to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registerer	Section 617.0503, Florida State	atutes, the above norized by the coutes.	Gity  e-named corproparation's bo	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FL 85 Zi	egistered office I agent. I am
11. Pursuant or registe familiar w SIGNATURE	62ND AVE. N. AS PARK FL 34665  to the provisions of Sections 617 red agent, or both, in the State of 7th, and accept the obligations of, Signature, typed or printed name of registere P	Section 617.0503, Florida State	atutes, the above norized by the co- utes.	Gity -named corporation's bo	poration submits this statement for the pu loard of directors. I hereby accept the app	FL 85 Zi	egistered office I agent. I am
11. Pursuant or registe familiar w. SIGNATURE  12.  TITLE NAME	to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registerer  OFFICER.  P KELLEY, TIMOTHY	Section 617.0503, Florida State diagent and the Papplicable.  S AND DIRECTORS	atutes, the above norized by the coules.  NOTE: Registered A.  13.  11 TITLE	4 City e-named corporation's be	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FL 85 Zi	egistered office lagent. I am  PRS IN 12  Addition
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. TITLE NAME SIREFT ADDRESS	to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registers  OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N.	Section 617.0503, Florida State diagent and the Papplicable.  S AND DIRECTORS	atutes, the above norized by the coules.  NOTE: Registered A.  13.  11 TITLE 12 NAM 1.3 STAR	4 City e-named corporation's be	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FL 85 Zi	egistered office lagent. I am  PRS IN 12  Addition
11. Pursuant or registe familiar w. SIGNATURE  12. TITLE NAME	to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registers  OFFICER  P  KELLEY, TIMOTHY  5545 62 AVE. N.  PINELLAS PARK, FL 0	Section 617.0503, Florida State diagent and the Papplicable.  S AND DIRECTORS	atutes, the above norized by the coules.  NOTE: Registered A.  13.  11 TITLE	Gity  -named corporation's become eignature requirement eignature requirement.  E  E  E  ADDRESS -ST-ZIP	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FL 85 Zi	egistered office I agent. I am  ORS IN 12
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registers  OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M.	Section 617.0503, Florida Stati  diagort and the Papplicabo.  S AND DIRECTORS	atutes, the above norized by the coutes.  NOTE: Registered A <sub>i</sub> 13. 11 TITLE 1.2 NAM 1.3 STAE 1.4 CITY	4 City e-named corporation's better requirement eignature ei	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FIL 85 Zi proose of changing its pointment as registered  DATE FICERS AND DIRECTO	egistered office I agent. I am
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617 pred agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N.	Section 617.0503, Florida Stati  diagort and the Papplicabo.  S AND DIRECTORS	atutes, the above norized by the coules.  NOTE Registered Ay 13. 11 TITLE 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRE	Grand Corporation's both corporation in the corpora	poration submits this statement for the pu loard of directors. I hereby accept the app wired when renstating!	FIL 85 Zi proose of changing its pointment as registered  DATE FICERS AND DIRECTO	egistered office I agent. I am
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	to the provisions of Sections 617 red agent, or both, in the State of ith, and accept the obligations of,  Signature, typed or printed name of registers  OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M.	Section 617.0503, Florida State  diagort and the Parkicable  S AND DIRECTORS  DELETE	atutes, the above norized by the coules.  INOTE Registered Ay  13.  11 TITLE  1.4 CITY  2.1 TITLE  2.2 NAM  2.3 STRE  2.4 CITY	Grant City	poration submits this statement for the purioard of directors. I hereby accept the appropriate of the puriod when renstating ADDITIONS/CHANGES TO OF F	FL 85 Zi prose of changing its pointment as registered  DATE FICERS AND DIRECTO Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. THE MAME STREET ADDRESS CITY-S1-ZIP HITLE NAME STREET ADDRESS CITY-S1-ZIP	to the provisions of Sections 617 pred agent, or both, in the State of lith, and accept the obligations of Signature, typed or printed name of registere OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL	Section 617.0503, Florida Stati  diagort and the Papplicabo.  S AND DIRECTORS	atutes, the above norized by the coules.  NOTE Registered Ay 13. 11 TITLE 12 NAM 13 STRE 14 CITY 21 TITLE 22 NAM 23 STRE	Grant Special Control	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the appropriate of the purpose	FIL 85 Zi proose of changing its pointment as registered  DATE FICERS AND DIRECTO	egistered office I agent. I am
5545 - PINELL.  11. Pursuant or registe familiar w. SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	to the provisions of Sections 617 pred agent, or both, in the State of ith, and accept the obligations of, Signature, typed or printed name of registers:  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N.	Section 617.0503, Florida State  diagent and the Pappicable.  S AND DIRECTORS  DELETE  DELETE	atutes, the above norized by the course.  NOTE: Registered Ay 13. 11 TITLE 12 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	Grant Address  - Address  - St-Zip  - TADDRESS  - St-Zip	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registere OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33	Section 617.0503, Florida State  Jagort and the Pappicable  S AND DIRECTORS  DELETE  DELETE	atutes, the above norized by the course.  NOTE: Registered As 13.  11 TITLE 12 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 3	Grant Address  - Address  - St-Zip  - TADDRESS  - St-Zip	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33:	Section 617.0503, Florida State  diagent and the Pappicable.  S AND DIRECTORS  DELETE  DELETE	atutes, the above norized by the course.  INOTE Registered As 11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.1 TITLE 3.4 CITY 4.1 TITLE 3.4 CITY 4.1 TITLE 3.5 NAM 3.5 TRE 3.5 NAM 3.5 NAM 3.5 TRE 3.5 NAM	4 City e-named correspond signature requirements  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the approximation of the purpose of the purpos	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of, Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS	Section 617.0503, Florida State  Jagort and the Pappicable  S AND DIRECTORS  DELETE  DELETE	atutes, the above corized by the couries.  INOTE: Registered Age 13.  11 TITLI 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	4 City e-named correspond signature requirements  E ET ADDRESS -ST-ZIP  E ADDRESS -ST-ZIP  E ADDRESS -ST-ZIP  E ADDRESS -ST-ZIP	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33:	Section 617.0503, Florida State  Jagort and the Pappicable  S AND DIRECTORS  DELETE  DELETE	atutes, the above corized by the couries.  INOTE: Registered Ay  13.  11 TITLI 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	4 City e-named corresponding from the signature requirement of the signatu	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-S1-ZIP	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of, signature, typed or printed name of registers OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL  STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL  TD	Section 617.0503, Florida State  Jagort and the Pappicable  S AND DIRECTORS  DELETE  DELETE	atutes, the above corized by the couries.  INOTE: Registered Age 13.  11 TITLI 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM	Gity  Crity  Cri	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi prose of changing its pointment as registered  DATE FICE RS AND DIRECTO Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition
11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL TD WILLIAMS, TED	Section 617.0503, Florida State  Tagort and the Pagy licator.  S AND DIRECTORS  DELETE  DELETE  TOPELETE  DELETE	atutes, the above norized by the couries.  INOTE: Registered Age 13.  11 TITLE 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	Gity	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi Irpose of changing its ipointment as registered DATE FICERS AND DIRECTO Change Change	egistered office lagent. I am  ORS IN 12 Addition Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of, signature, typed or printed name of registers OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL  STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL  TD WILLIAMS, TED 5793 73 ST. N.	Section 617.0503, Florida State  Tagort and the Pagy licator.  S AND DIRECTORS  DELETE  DELETE  TOPELETE  DELETE	atutes, the above norized by the couries.  (NOTE: Registered Ay 13.  11 TITLL 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.3 STRE	4 City e-named correspond eignatura requirement eignatura eignat	poration submits this statement for the purporation of directors. I hereby accept the approximation of directors and directors and directors are stated as a control of the stated are s	FL 85 Zi Irpose of changing its ipointment as registered DATE FICERS AND DIRECTO Change Change	egistered office lagent. I am  ORS IN 12 Addition Addition Addition
11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of Signature, typed or printed name of registers OFFICER.  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0 VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL TD WILLIAMS, TED	Section 617.0503, Florida State  Pagert and the Pageicabo.  S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	atutes, the above norized by the couries.  [NOTE: Registered Ay 13.   11 TITLI 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.1 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CIT	4 City e-named correspond signature requires to the correspond signature requires to the corresponding to the corr	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the appropriate when renstating additions/CHANGES TO OF MULLER, EARL 7234 57TH AVE. NO.ST. PETERSBURG FL	FL 85 Zi Irpose of changing its i pointment as registered  DATE FICERS AND DIRECTO Change Change  Change  Change  Change	egistered office lagent. I am  ORS IN 12 Addition Addition Addition Addition
11. Pursuant or registe familiar w SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of, signature, typed or printed name of registers OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL  STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL  TD WILLIAMS, TED 5793 73 ST. N.	Section 617.0503, Florida State  Tagort and the Pagy licator.  S AND DIRECTORS  DELETE  DELETE  TOPELETE  DELETE	atutes, the above norized by the couries.  (NOTE: Registered Ay 13.  11 TITLL 12 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.4 CITY 6.1 TITLE 5.5 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 5.4 CITY 6.1 TITLE 5.5 NAM 5.3 STRE 5.5 NAM 5.3 STRE 5.5 NAM 5.5	4 City e-named corresponding from the signature requirement of the signatu	poration submits this statement for the purporation for the purporation of directors. I hereby accept the approximation of the purpose of the	FL 85 Zi Irpose of changing its ipointment as registered DATE FICERS AND DIRECTO Change Change	egistered office lagent. I am  ORS IN 12 Addition Addition Addition
5545 - PINELLI  11. Pursuant or registe familiar w SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	to the provisions of Sections 617 and agent, or both, in the State of ith, and accept the obligations of, signature, typed or printed name of registers OFFICER  P KELLEY, TIMOTHY 5545 62 AVE. N. PINELLAS PARK, FL 0  VP BROOKS, STEVEN M. 8035 65TH WAY N. PINELLAS PARK FL  STD MULLER, EARL 7234 57TH AVE. N. ST. PETERSBURG FL 33: TD MCFARLAND, CHRIS 5545 62 AVE. N. PINELLAS PARK FL  TD WILLIAMS, TED 5793 73 ST. N.	Section 617.0503, Florida State  Pagert and the Pageicabo.  S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	atutes, the above norized by the couries.  (NOTE: Registered Ay 13.  11 TITLL 12 NAM 1.3 STAE 1.4 CHY 2.1 TITLE 2.2 NAM 3.3 STAE 4.2 NAM 4.3 STAE 4.2 NAM 4.3 STAE 4.4 CHY 5.1 TITLE 5.2 NAM 5.3 STAE 5.4 CHY 6.1 TITLE 5.2 NAM 5.4 CHY 6.1 TITLE 5.2 NAM 5.4 CHY 6.1 TITLE 5.2 NAM 5.3 STAE 5.4 CHY 6.1 TITLE 5.2 NAM 5.4 CHY 6.1 TITLE 5.4 CHY 6.1 TITLE 5.2 NAM 5.4 CHY 6.1	4 City e-named correspond eignatura requires to the correspond eignatura requires to the correspond eignatura requires to the corresponding to the correspon	poration submits this statement for the purporation submits this statement for the purporation of directors. I hereby accept the appropriate when renstating additions/CHANGES TO OF MULLER, EARL 7234 57TH AVE. NO.ST. PETERSBURG FL	FL 85 Zi Irpose of changing its i pointment as registered  DATE FICERS AND DIRECTO Change Change Change Change Change	egistered office lagent. I am  ORS IN 12 Addition Addition Addition Addition

SIGNATURE: BARBARA J. STEIN Jordan Scarpus 13/96 813-545-5643