COF	NOW: FILING FEE	FLORIDA I Ka Se	FLORIDA DEPARTMEN FLORIDA DEPARTMEN Katherine Ha Secretary of St Division of Corpo		TATE	FILED May 03, 1999 8:00 Secretary of State 05-03-1999 90015 003 ***150.00		am e
DOCU 1. Corporation	MENT # 819502	2		-, <b>_</b>				
Principal Place of Business Mailing Address 1209 ORANGE STR 1209 ORANGE STR WILMINGTON DE 19801 WILMINGTON DE 19801 US US						DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 04/11/1966		<b>D</b> )( <b>d</b> ) <b>(</b> )() 
21 Suite, Apt.	lace of Business #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc	9. Mailing Address Suite, Apt. #, etc.			4. FEI Number     13-2562726     5. Certificate of Status Desired □	8.75 A	
22 City & Stat 23	<u></u>	27 City & State 28				6. Elaction Campaign Financing Trust Fund Contribution	Fee Rec \$5.00 Added to	May Be
Zip 24	Country     Zip       [25]     [29]       9. Name and Address of Current Registered Agent			Country 0 81 Name		8. This corporation owes the current year in Personal Property Tax.     10. Name and Address of New Registered	Yes X	12 No
1200 PLAI	CORPORATION SYSTEM S. PINE ISLAND ROAD NTATION FL 33324 to the provisions of Sections 607.05 registered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such chande	was authorize	83 84 above-i	City	Field of directors. I hereby accept the approximation submits the statement for the purpose of the second statement of the purpose of the second statement for the second s	85 Zip C of changing its pintment as rec	registered
SIGNATURE	Signature, typed or printed name of registered as	ant and title if applicable.	(NOTE: Registere	ed Agent s	signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE NAME STREET ADDRESS			121	1.1 TITLE . 1.2 NAME 1.3 STREET ADDRESS			Change 🗌	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILMINGTON DE TVD HORNE, A.M. 1209 ORANGE ST	DELE	TE 2.1	CITY-ST- TITLE NAME STREET A			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILMINGTON DE VAS WILLIAMS, M.L. 1209 ORANGE ST	DELETE 3.		2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME	VAS	DN DE		3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILMINGTON DE     4       SVD     I DELETE		4.4 TE 5.1	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			Change	Addition (
STREET ADDRESS CITY-ST-ZIP TITLE	1209 ORANGE ST     5.       WILMINGTON DE     5.       DELETE     6.		5.4 TE 6.1	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	with this filing does not gue	6.3 6.4	STREET A	ZIP	Section 119.07(3)(i), Florida Statutes. I further c e shall have the same legal effect as if made un	ertify that the ir	nformation