	PLEASE REAL) ALL JNG-	FRICTIONS		OMPLETI	ING THIS FORM	
FOR			A DEPARTMENT OF STATE Sandre B. Morthala Secretary of State Invision of Corporations				
	UMENT #			-	99 SEP 21 AH 9: 16 SECRETARY OF STATE		
CH	EM-POWER ,	. (00.)			TALLAHASSEE, FLORIDA		
Penopai P	Face of Business	Mailing Add	W99000016658 Mailing Address		OPP		
Cedar Knolls, NJ Ced 07927-1006 If advive andresses are incorrect in any way, line through incorrect 2 New Francipal Office Address If Applicable 3. New Ma			ling Office Address, If Applicable		Date Incorpo To Do Busin	STATEMENT G - 9 Orated or Qualified less in Florida 1-1-54	
Suite, Apt.		Suite, Apl. #	, etc.		5. FEI Number	Applied For	
Zφ	Country	Zip Zip	Country	<u>,</u>	6.	550782 Not Applicable S8.75 Additional Fee required for a Certificate of Status	
7 Names	and Street Addresses of Each Officer ar	l nd/or Director (Fk					
1.6-45) 1	Name of Officers and/or Directors		Offi	et Address of Eacl cer and/or Director e Post Office Box I	•	City / State / Zip	
P/D	Richard Foster		15 Wing	Drive		Cedar Knolls, NJ	
V/D	Kenneth Foster		15 Wing	Drive		Cedar Knolls, NJ	
s/D	Jeffrey Foster		15 Wing	Drive		Cedar Knolls, NJ	
T/D	Robert Foster		15 Wing	Drive		Cedar Knolls, NJ	
}					31	700030065939 -10/06/9901003002 ***1050.00 ***1050.00	
•	8. Name and Address of Currer	nt Registered Age	ent	Name	9. Name and A	ddress of New Registered Agent	
Bob Joyner 750 7th Avenue Gotha, Fla 33735				Street Address (P.O. Box Number is Not Acceptable) SOTO N. OCEAN BR # 20A Suite. Apt. #, Etc. # 20 A Sity State Zip Code			
-	appointed the registered agent of the a	~ · ~					
11. Th Int	is corporation owes or langible Personal Prope	nas paid th	e current yea	ır Yes 🗓	No 🗆	(See other side for information on intangible tax.)	
this rein owed by	statement application, the reason for disky the corporation have been paid and the application is true and accurate, and my URE:	solution has been e names of individ signature shall ha	eliminated, the corpor lugis listed on this foot ye the same legal effect signing OFFICER OR DI	ne name satisfies and not qualify for the as if made under	the requirements of an exemption under oath.	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated 3/2/99 973.267-41.00 Date Daytime Phone #	