

Place of Business	Mailing Address
AVE N UNIT I 33773	8944 130TH AVE N UNIT I LARGO FL 33773-1401 US

Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State



DO NOT WRITE IN THIS SPACE

Country	Zip	Country	4. FEI Number 59-2233164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
HENDRIX, BERKELY F 8325 BAYPOINTE DR. TAMPA FL 33615			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code

I hereby certify that I am the registered agent of the corporation and I submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<input type="checkbox"/> I am not eligible to satisfy its Intangible Tax requirements and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D <input type="checkbox"/> Delete HENDRIX, BERKELY F 8325 BAY POINTE DR TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD <input type="checkbox"/> Delete HENDRIX, B F 3936 FOUNTAINBLEU DR TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Berkely F Hendrix</i>	Date: 2/11/00	Daytime Phone #: 727-586-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)