FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	JAL REPORT 1996		ary of State CORPORATIONS			
DOCUI 1. Corporation	MENT # F89	621 (9)				
	EL F. MAY JR. AND C	OMPANY, P. A.				
Principal Place of Business		Mailing Address	Mailing Address		# 183 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 18 	0 0 0 0 0 <u>0</u>
11560 ISLANI BOCA RATOR	D LAKES LANE N FL 33498	11560 ISLAND LAKES & BOCA RATON FL 33498				
				3. Date Incorporated or Qualified 07/07/1982	3a. Date of Last R 02/21/19	•
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number		Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		59-2216390 5. Certificate of Status Desired	\$8.75	Not Applicable Additional
2 City & State		City & State		6. Flection Campaign Financing	Fee	Required
3		28		Trust Fund Contribution		May Be d to Fees
Zip Ti	Country	Zip	Country	8. This corporation has liability for in		199.032,
4]	25 9. Name and Address of	[29] Current Registered Agent	[30]	Florida Statutes X Yes 10. Name and Address of New R		
			81 Name			
MAY, SA	AMUEL F, JR		82 Street Add	ress (P.O. Box Number is Not Acceptab	40)	
11560 ISLAND LAKES LANE				····································		
BOCA R	ATON FL 33498		83			
			84 Crty		FL 85 Z	p Code
11. Pursuant t	o the provisions of Sections 60	07.0502 and 607.1508, Florida Statute	s, the above named corpo	oration submits this statement for the pur		registered office
or registeri	ed agent, or both, in the State	of Elerida. Queb obarron was authoriza				
familiar wit	th, and accept the obligations of	of Florida: Sac Forlange was administration of Section 607.0505. Florida Statutes.	ed by the corporation's boa	ard of directors. Thereby accept the appoint	ointment as registered	dagent. Lam
	th, and scoopt the obligations of	Samuel F	MAYJR	vation submits this statement for the pur ard of directors. I hereby accept the appo	3 31/96	dagent. Lam
SIGNATURE _	Signature, typed or printed have of region	First agrent and title if accordable (NO)	MAY JR. It: Registred Apold signatur regin	ad vaner norstala ji	3/3//96	
SIGNATURE _	Signature, typed or printed have of region	Samuel F	MAYJR		3/3//96	
SIGNATURE _	Signature, typed or printed name of registronic OFFICE	First And DIRECTORS	MAY JR- It: Registred Ajord synatur require 13.	ad vaner norstala ji	3/3//96 DATE ICERS AND DIRECTO	DRS IN 12
SIGNATURE _ 12. TITLE NAME	Signature, typed on privince in recipilar of Frice DP MAY, SAMUEL F, JR 11560 ISLAND LAKES I	Test AND DIRECTORS	MAY JR- It: fisyetke) Agod sgratur require 13.	ad vaner norstala ji	3/3//96 DATE ICERS AND DIRECTO	DRS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR