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3. Date Incorporated or Qualified 06/01/1993		3a. Date of Last Report 02/15/1996	
4. FEI Number 59-2932927		<input type="checkbox"/>	Applied For
		<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10. Name and Address of New Registered Agent			
ed (P.O. Box Number is Not Acceptable)			
FL		65	Zip Code
ation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered			
ed when reinstating) DATE _____			
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under oath; that as required by Chapter 607, Florida Statutes; and that my name			
APRIL 11/97 (5M) 879-9600			
Date	Daytime Phone #		

CR2E034 (9/96)