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Big CALL CALL FL Zip Code 33432 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. In the State of Florida. GNATURE Bigsture, type of primer have of negative agent and the if agentable. (POTE Registered Agent down wheating) DATE This corporation is eligible to satisfy its Intrançible After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. . OFFICERS AND DIRECTORS 12. Change Addition . OFFICERS AND DIRECTORS 12. Change Addition <					-		<u></u>		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GNATURE Signater, typed or printed name of registered agent and tile if agetcatis This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 2, 2001 Fee will be \$550.00 CTD CTD OFFICERS AND DIRECTORS ID Delete The CTD OFFICERS AND DIRECTORS ID Delete The MAK SINEET ADDRESS V-S1-2P CTD Delete The MAK SINEET ADDRESS CTY-S1-2P CTH Fee will be \$550.00 After MAY 2, 2001 Fee will be \$550.00 CTH Fee will be \$550.00 After MAY 2, 2001 Fee will be \$550.00 CTH Fee will be \$550.00 CTH Fee will be \$550.00 CTH Fee will be \$550.00 SINEET ADDRESS CTH FILE ADDRESS CTH FILE CTH Fee Will be \$550.00 CTH FILE CTH Fee Will be \$550.00 CTH Fee Will be						4	FL	Zip Cod	32
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. I hereby 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 indicated 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 indicated on this report.	Tax filing r (See criter HE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP	OFFICERS AND I OFFICERS AND I OFFICERS AND I SOLLINGER, NEIL D 100 E SAMPLE RD #210	After MAY 1, 20 Make Check Payab DIRECTORS	I! FEE IS \$150. 01 Fee will be \$3 ble to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	00 550.00 tt of State AD	10. Election Can Trust Fund C DITIONS/CHANGE	npaign Financing Sontribution. [S TO OFFICERS AN	Addec DIRECTOR Change Change Change Change Change Change Change Change	to Fees S IN 11 Addition Addition Addition Addition Addition