## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Suite, Api. #, etc.  22 22 23 25 26 27 27 29 28 28 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Applied For Not Applicable Additional Required  May Be d to Fees
Principal Flaco of Business	Applied For Not Applicable Additional Required 0 May Be d to Fees
Principal Place of Business	Applied For Not Applicable Additional Required 0 May Be d to Fees
AND SW 129 AVENUE P.O. BOX 247 GOULDS FL 33170  2. Principal Pileos of Business 3. Solid Apt 4. EE Number 3. City & State 3. City & State 3. City & State 3. Trust Fund Contribution 3. And Principal Pileosomy ones or has paid in courrent year 4. EE Number 4. EE Number 4. EE Number 5. Country 5. Principal Pileosomy ones or has paid in courrent year 5. Country 7. Principal Pileosomy ones or has paid in courrent year 7. Principal Pileosomy ones or has paid in courrent year 8. Trust Fund Contribution 8. Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 10. Name and Address of Now Registered Agent 8. Stroot Address (P.O. Box Number is Not Acceptable of Interest States States States 8. Stroot Address (P.O. Box Number is Not Acceptable of Interest States Sta	Not Applicable Additional Required  May Be d to Fees Intangible
GOULDS FL 33170 GOULDS FL 3317	Not Applicable Additional Required  May Be d to Fees Intangible
Principal Place of Business   26   Mailing Address   4   FET Number   59-2324339   5   50/2324339   5   5   50/2324339   5   5   5   5   5   5   5   5   5	Not Applicable Additional Required  May Be d to Fees Intangible
2. Principal Piece of Eusiness 2. Suite, Apt. #, etc.  City & State  City & State  City & State  2. Country  2. Country  2. Suite, Apt. #, etc.  3. Country  2. Suite, Apt. #, etc.  3. Country  3. State  3. Country  4. Election Compaign Financing  5. Strong Front Proportion was or has paid the current yee present Proportion Tax due June 20.	Not Applicable Additional Required  May Be d to Fees Intangible
Suite, Apt. #, etc.  22   27   City & State	Additional Required  May Be d to Fees Intangible
City & State  Ci	Required  May Be d to Fees
28 Trust Fund Contribution	d to Fees Intangible
Zep	Intangible
ROWE, CHARLES R. 1310 N. KROME AVE. HOMESTEAD FL 33030  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes.  12. Of Fich RS AND DIRECTORS  13. OF Fich RS AND DIRECTORS  14. DIRECTORS  15. STREET ADDRESS  16. STREET ADDRESS  17. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STREET ADDRESS  19. Name  19. Name ADDRESS  19. Name ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STREET ADDRESS  19. Name ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. STREET ADDRESS  10. S	
11. Pursuant to the previsions of Sections 607 0502 and 607 1506, Frontal Statules, the above-named corporation submits this statement for the purpose of change office or registered agent, on both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, and accept the deligotions of, Section 607,0506, Florida Statules.  SIGNATURE  Signature treet a protect rame of registered agent and accept the deligotions of Section 607,0506, Florida Statules.  SIGNATURE  Signature treet a protect rame of registered agent and accept the deligotions of Section 607,0506, Florida Statules.  SIGNATURE  Signature treet a protect rame of registered agent and and task of high add.  INCIT. Registered Agent segrature required when reinstating)  OATE  12. OF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE  NAME  WISHART, JACK  12 NAME  SIREET ADDRESS  6320 S.W. 164TH STREET  13. SIREET ADDRESS  MIAMI FL  DELETE  14. CITY SI-7P  MIAMI FL  DELETE  31. IIIIL  Chamber Sireet Address (P.O. Box Number is Not Acceptable)  BELLIER  14. CITY SI-7P  TILE  DELETE  31. IIIIL  Chamber Sireet Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The agent Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable)  BUT The Address (P.O. Box Number is Not Acceptable delaction in the legister Address (P.O. Box Number is Not Acceptable)  BUT The A	
HOMESTEAD FL 33030  883  84	
B3   B4   City   FL   B5	
11. Pursuant to the provisions of Sections 607 05:02 and 607.15:08, Florida Statules, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I ann familiar with, and accept the obligations of, Section 607.05:05, Florida Statules.  SIGNATURE  Signature type-date power trainer of representation of the provision of the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.05:05, Florida Statules.  SIGNATURE  Signature type-date power trainer of representation of the provision of the corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.05:05, Florida Statules.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  BARD DIRECTORS  BARD DIRECTORS  BARD DIRECTORS  BARD DIRECTORS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  BARD DIRECTORS  BARD DIRECTORS  BARD DIRECTORS  CITY-SI-ZIP  MIAMI FL  DELETE  3.1 TITLE  Charges ADDRESS  CITY-SI-ZIP  MIAMI FL  DELETE  3.2 NAME  3.3 STREET ADDRESS  CITY-SI-ZIP  TITLE  DELETE  4.1 TITLE  Charges ADDRESS  CITY-SI-ZIP  TITLE  DELETE  4.1 TITLE  Charges ADDRESS  CITY-SI-ZIP  TITLE  Charges ADDRESS  C	
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type-date perfect one of my-level or enabled bit if applicable. (NOTE Requested Agent) signature required when reinstating)  12. OFFICERS AND DIRECTIONS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS  TILE  P\$T  DELETE  1.2 NAME  WISHART, JACK  1.2 NAME  WISHART, JACK  1.3 STREET ADDRESS  8320 S.W. 164TH STREET  1.3 STREET ADDRESS  8320 S.W. 164TH STREET  1.4 City. SI-7/P  INTE  V  CHAFFIN, GARY L.  2.2 NAME  CHAFFIN, GARY L.  2.2 NAME  STREET ADDRESS  GIY-SI-7/P  INTE  DELETE  3.1 HILE  3.2 NAME  3.3 STREET ADDRESS  GIY-SI-7/P  INTE  DELETE  3.4 CITY-SI-7/P  INTE  DELETE  4.1 HILE  Cha	p Code
TILE	as registered
STREET ADDRESS   S320 S.W. 164TH STREET   1.3 STREET ADDRESS	
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STREET ADDRESS	e Addition
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TITLE         DELETE         3 1 TITLE         Charles           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-S1-ZIP         34 CITY-S1-ZIP           TITLE         DELETE         4.1 TITLE         Charles	
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NAME 6.2 NAME	
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