

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
01-19-2000 90104 037 \*\*\*150.00

**DOCUMENT # G67123**

1. Entity Name  
**JUNE DUNN DRAKE, P.A.**

Principal Place of Business <b>KEYES CO ONE SE 3 AVE MIAMI FL 33131 US</b>	Mailing Address <b>1800 NE 114 S406 MIAMI FL 33181-3438 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-2337599</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, JUNE DUNN  
1800 NE 114TH ST.  
SUITE 406  
MIAMI FL 33132**

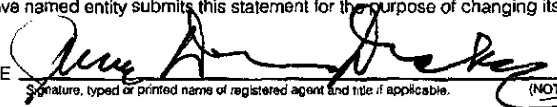
7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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.

SIGNATURE  DATE **2-25-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>DRAKE, JUNE DUNN</b>	
STREET ADDRESS	<b>1800 NE 114 STREET #406</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ARENCIBIA, BARBARA DRAKE</b>	
STREET ADDRESS	<b>470 COCO PLUM CT</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DRAKE, MITCHELL A.</b>	
STREET ADDRESS	<b>473 COCO PLUM CT</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DRAKE, CHRISTOPHER A</b>	
STREET ADDRESS	<b>24 BALD MOUNTAIN RD</b>	
CITY-ST-ZIP	<b>BLACK MOUNTAIN NC 28711</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2-25-00** DAYTIME PHONE # **1-800-749-5393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A0006214



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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