rincipal Place of * MELISSA E. ** MELISSA E. ** **END PINE AND VENICE FL 342 Principal Place **ESSO / Suite, Apt. #, City & State Zip	Name A E. HUTH C.P.A., I of Business . HUTH D-AVE 292 e of Business	M	(6) aiting Address MEUSSA E. HUTH 4206 PINELAND AVE VENICE FL 34292		·			
* MELISSA E. 1205 PINELAND VENICE FL-342 Principal Place ESSO / Suite, Apt. #, 6 City & State	. HUTH DTAVE 292 e of Business N. W. 287H P	2a.	% Melissa e. Huth 4 <mark>208 Pineland</mark> -ave V enice fl. 34292					
Principal Place SSO / Suite, Apt. #, 6 City & State	D AVE 292 e of Business N. W. 287H P	2a.	4208 PINELAND AVE VENICE FL 34292					
Suite, Apt. #, & City & State Zip	N.W. 28TH P	28. MC 26				Date Incorporated or Qualified		
Suite, Apt. #, & City & State Zip	N.W. 28TH P	29CE 26				11/04/1983	3a. Date of Last 04/26/1	
Suite, Apt. #, e City & State Zip			Mailing Address	1. 2874 80	ALD	4. FEI Number 59-2342774		Applied For Not Applicable
Zip		27	Suite, Apt. #, etc.	<u> </u>	- The	5. Certificate of Status Desired	1 1 7	75 Additional
		28	City & State			6. Election Campaign Financing	\$5.	e Required 00 May Be
	Country		Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Add	s 199.032,
	9. Name and Address of	Current Regist	tered Agent	30 BE5WA	KD	Florida Statutes Yes 10. Name and Address of New F	s 🗽 No	
familiar with, a	the provisions of Sections R			83 84 City s, the above-named of by the corporation	corporations board (on submits this statement for the pu of directors. I hereby accept the app	FL	Zip Code s registered offici ed agent. I am
	mahure, typied or printed name of registe	ared agent and title if a	ppikabie. (NO1)	E: Registered Agent signature	required w	en reinstaling)	DATE	
LF	OFFICE DP	RS AND DIREC	TORS DELETE	13. 1. 1 TiTLE	T	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	
_	HUTH, MELISSA 1208 PINELAND AVE			1.2 NAME	05	To Min Soul	`	L] Addition
	VENICE, FL 00000			1.3 STREET ADORESS		60 N.W. 28TH WP186 FL 3		
LE		, <u> </u>	☐ DELETE	2 1 TITLE	1	0,0,0,0	☐ Change	Addition
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E			DELETE	5 1 TITLE	 		Change	Addition
TE ALIGNESS				5 2 NAME				
EET AUDRESS '- ST-ZIP				53 STREET ADDRESS				
F			DELETE	6 1 TITLE	 		☐ Change	Addition
IE ADDOCCO				6 2 NAME				
EET ADDRESS r-ST-ZIP				6.3 STREET ADORESS				
I do hereby cer	ertify that the information supplied information information indicated as the	oplied with this file	ling is voluntarily furnish	6.4 CITY-S1-ZIP ned and does not qua	Lalify for th	ne exemption stated in Section 119.6 and that my signature shall have the	07(3)(k), Florida Statu	ites. I further