	PLICATION FOR ISTATEMENT	Sandra Secre	ARTMENT OF STATE  B. Mortham  tary of State	ΓE	FILED		
	UMENT # <b>H23</b> 4		ISION OF CORPORATIONS		97 JAN -2 PM 3:36		
. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
BEON	METRICS, INC.				, ,==		
rincipal Place of Business Malling Add			0.16		DITO TIBOO MISE ONDIO MOTO MICH DIBIC DARK ON A SURFI DIO	    <b>     </b>	
2609 TIFFANY DR. P.O. BOX 8 NEW SMYRNA BEACH FL 32168 NEW SMYR			RNA BEACH FL 32168				
				REIN	ISTATEMENT O	0	
If above addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable 3. New Mai			ling Office Address, If Applicable 4. Da		rporated or Qualified siness in Florida 10/01/1984		
Suite, Apt. #, etc. Suite, Apt. #						plied For	
City & State City & State			6.		No	t Applicab	
	Country	Zip	Country		TE OF STATUS DESIRED Tor a Certificat	te of Statu	
Names and Street Addresses of Each Officer and/or Director (F  Name of Officers and/or Directors		<del></del>	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
P	ZERCHER, ERIC W		612 WAYNE AVENUE		NEW SMYRNA BEACH FL 32168	· · ·	
ST	ZERCHER, B J	2609 7	2609 TIFFANY DR.		NEW SMYRNA BEACH FL 32168		
7	<u> </u>		<del>_</del>	<del></del>			
<u> </u>		<del></del>	······································		  100002050152-  -01/08/97010360	<u></u>	
					****375.00 *****37		
					12-2-9-7		
	8. Name and Address of Currer	nt Registered Agent	9. Name and Address of New Registered Agent Name				
	HER, ERIC W VAYNE AVENUE		Street Address (P.O. Box Number is Not Acceptable)				
	SMYRNA BEACH FL 32168		Suite, Apt. #,	Etc.			
	$\Omega$		City		State   Zip Code	ч.	
). I, bein gnature egistered	g appointed the registered agent of the a of Agent	Dave named corporation, and	n familiar with and accept th	e obligations of Se			
	pes this corporation pay	any intensible to		<del></del>	(See other side for informat	tion	

SIGNATURE: Date: Description Date: Description Date: Description D