

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90039 034 ***150.00

C0044917



DO NOT WRITE IN THIS SPACE:

DOCUMENT # H35357

1. Entity Name
DE RENZO AND KARRAKER, P.A.

Principal Place of Business
251 MAITLAND AVE
SUITE 116
ALTAMONTE SPRINGS FL 32701

Mailing Address
251 MAITLAND AVE
SUITE 116
ALTAMONTE SPRINGS FL 32701

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2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2525924
Applied for
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARRAKER, DONALD E.
251 MAITLAND AVE STE 116
1607 ORANOLE RD, MAITLAND, FL
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Accepted)
City / 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
Signature (typed or printed name of registered agent acceptable) (NOTE: Registered Agent signature required when changing state)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

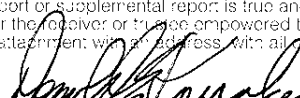
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$850.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution
\$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS
Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001
Change
Addition
Change
Addition
Change
Addition
Change
Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DONALD E. KARRAKER 4-5-01 4078346035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR