SECOND NOT		PORATION WILL I RE 6/4/6: \$215 (F DI	ie dies Esolves								FILE		
PROFIT FLORIDA DEPARTMENT A CORPORATION Sandra B. Morths							TATE			VISION	OF COR	OF STATE PORATIONS MII: 57	
100	JAL REP 1995	ORT		The state of the s	ry of Stat	0	PIA			95 Aug	-9 A	Miles	
				/=/\		iga ere		╣.		er kalanger (Manager ((, o /	
1. Corporation	Name	# H7257	4	(/)					Ç A				
relsi, i	NC.										٠		
Principal Place	of Business		M	alling Address				_			٠	• • • •	
7933 S. PARK PLACE 7933 S. PARK PLACE													
ORLANDO FL	32819		Of	ILANDO FL 32819				3	DO NOT WRITE Date Incorporated or Qualified		PACE. of Last R	leport	
2. Principal Pla	one of Russia	000	28.	Mailing Address					08/22/1985 FEI Number	08	11/199	Applied For	
21			26						59-2572471			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27					. Certificate of Status Desired		Fee	Additional Required	
City & State	3		28	City & State				_ €	 Election Campaign Financing Trust Fund Contribution 			O May Be d to Fees	
Zio 24	Country Zip				Country 30			1	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No				
		and Address of Curre		tered Agent		81	Name	10). Name and Address of New F	legistered	Agent		
SIEGEL, B	JARRY W.					82		ross (P.O. Box Number is Not Acceptate	ole)			
7933 S. PARK PLACE ORLANDO FL 32819						83							
ONDANDO	7 FL 32013					84	City			FL	85 Zi	p Code	
11. Pursuant t	o the provisi	ions of Sections 607.050	02 and 60	7.1508, Florida Statute	s, the abo	ve-na	amed corpor	ration	submits this statement for the pu	pose of ch	anging its	registered office	
familiar wit	ed agent, or th, and acce	pt the obligations of, Se	ction 607.	change was euthorize 0505, Florida Statutes.	o cy ine o	corpo	oration's boar	#G 61 (directors. I hereby accept the app	ountrioni as	registerec	agen. rani	
	Signature, typed	or printed name of registered ago			E: Registered	i Agent	signature required	ed whon	reinstaling) ADDITIONS/CHANGES TO OFF	DATE	CHECTO		
TITLE	DP		NO DINEC	iions	1,17	ITLE			AUDITIONS/CITANGES TO OTT	OLI IO AIRL	Chang		
NAME STREET ADDRESS	SIEGEL, 7933 S.	BARRY W. Park Pl			12 N 13 S		ADDRESS						
CITY-ST-ZIP	ORLAND					ITY-ST	- ZiP				Chang		
TITLE NAME					2.1 TI 2.2 N		ŀ				TT cuming	7 Divocation	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE			-		2.4 C	ity-st Itle	- 2117				Chang	e Addilion	
NAME					32 N		*DDDCCG					1	
STREET ADDRESS CITY-ST-ZIP						ITY-ST	ADDRESS Zip						
TITLE					4.1 Ti 4.2 N						Chang	eAddition	
name Street address					2		ADDRESS					1	
CITY-ST-ZIP				······································	44 C	TY-ST	- ZIP				Chang	e Addition	
HAME		•			52 N								
STREET ADDRESS		•					ADDRESS						
CITY - ST - ZIP					54 C	ITY-ST	- ZIP				Chang	B Addition	
HAME					0211								
STREET ADDRESS CITY+ST-ZIP	•					TREET A	ADDRESS						
14. I do horeb	y cartify that the informa	the information supplied	d with this	filing is voluntarily fumb	shed and	doos Is trui	not qualify for	for the	exemption stated in Section 110 d that my signature shall have the	07(3)(k), Fic	rida Slatu offect as i	les. I further I made under	
onth; that appears in	I am an offic Block 12 o	er or diagor of the con r Block 12 if changed o	poration of r on an att	The raceiver or trustee achment with an addre	ompowe	rod to	o execute this	и гор	exemption stated in Section 119 d that my signature shall have the ort as required by Chapter 607, Fi	orida Slatul	os; and th	at my namo	
SIGNAT		120	N	}				C	July JV, 1991	40	723	9-4)46	
CIGITAL	Jillei .	BARRY	on Philipped	NAME OF BOHUNG OFFICER		TOF			Tilato	r.c	krytima Phone	# *	
<u> </u>		UTTRICKY	W.	0/00							0011	1707 CP	