

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATED
ANNULAR REGISTERED
1995



DEPARTMENT OF STATE
CORPORATION
CORPORATION
CORPORATION

APPROVED
AND
FILED

DOCUMENT # **H74522**
PARTNERSHIP CONSULTANTS INC.

(4)

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7222 90 TAMAMI TR STE 201 SARASOTA FL 34231-2560 US		7222 90 TAMAMI TR STE 201 SARASOTA FL 34231-2560 US		09/04/1985		04/27/1994	
21	2477 Stickney Pt. Rd.	26	2477 Stickney Pt. Rd.	4	59-2573514	<input type="checkbox"/> Appraisable Fee <input type="checkbox"/> Not Appraisable	
22	Suite 301-B	27	Suite 301-B	5		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	Sarasota, FL	28	Sarasota, FL	6		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	34231	25	Sarasota	29	34231	30	Sarasota

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALE, JON M. 7222 S-TAMIAMI TRAIL #102 SARASOTA FL 34231				81 Name 82 Street Address (P.O. Box Number is Not Applicable) 2477 Stickney Point Road 83 Suite 301-B 84 City Sarasota FL 85 Zip Code 34231			

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized representative of the above named corporation and that I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief and that the same conforms to the provisions of the Florida Statutes.

SIGNATURE: *[Signature]* DATE: 5-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP HALE, JON M. 7222 S-TAMIAMI TRAIL, 201 SARASOTA FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 2477 Stickney Point Road #301-B Sarasota, FL 34231
NAME	VP RENTSCHLER, WILLIAM A 7222 S-TAMIAMI TRAIL, 201 SARASOTA FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 2477 Stickney Point Road #301-B Sarasota, FL 34231
NAME	VP RENTSCHLER, WILLIAM A 7222 S-TAMIAMI TRAIL, 201 SARASOTA FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information requested with this filing is complete, pertinent and is not subject to the exceptions stated in section 119.05, Florida Statutes. I further certify that the information included on this document is a true and correct copy of the original and that my signature shall have the same legal effect as if made under oath. That my office is the office of the Secretary of the Department of State and that the information furnished herein is true and correct to the best of my knowledge and belief and that the same conforms to the provisions of the Florida Statutes.

SIGNATURE: *[Signature]* DATE: 5-5-95 813-923-5826