F COR ANNU	DITICE: CORPORATION WILL BE ON OR BEFORE 9/17/97: \$550 (IF O PROFIT PORATION JAL REPORT 1997	FLORIDA DEPART	E TO REINSTATE: \$750.) IMENT OF STATE Mortham 7 of State	Aug 06	ILED 1997 8:00a ary of State
	MENT # H816 Name IT KNUTH, INC.	00 (9)			
Principal Place 200 KNUTH R SUITE 248E BOYNTON BC US	D	Mailing Address 200 KNUTH RD SUITE 248E BOYNTON BCH FL 33436 US			TE IN THIS SPACE
				10/21/1985	01/26/1996
2. Principal Pli	ACO OF Business	28. Mailing Address	ITH Rd	4, FEI Number	Applied For
Suite Apt 1	#, etc.	Suite, Apt #, etc.		59-2590734	Not Applicable
Suite	212	27 SUIR 212	•	5, Certificate of Status Desired	Fee Required
BOY & State	nton Beach i	E 28 Bounton	BeachF	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 334	137 Country SA	723437	30 Count'SA	 This corporation owes or has p Personal Property Tax due Jur 	
	9. Name and Address of Cur		30	10, Name and Address of New F	
			63		
1. Pursuant to office or re agent. I ar	o the provisions of Sections 607.0 egistered agont, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Florida Statute ate of Florida. Such change was at ligations of, Section 607.0505, Flor	64 City s, the above-named corp thorized by the corporat	coration submits this statement for the tion's board of directors. I hereby acc	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
agent. I er IGNATURE	m familiar with, and accept the ob	agent and title if applicable. (NOTE:	64 City s, the above-named corp uthorized by the corporat ida Statutes.	red when reinstating)	PL purpose of changing its registered ept the appointment as registered
agent. I ar IGNATURE 2.	M familiar with, and accept the ob Signature, typed or printed name of registered OFFLICERS /	ligations of, Section 607,0505, Flor	B4 City S, the above-named corp thorized by the corporat ida Statutes. Registered Agent signature requir 13.		PL purpose of changing its registered ept the appointment as registered
agent. I ar BIGNATURE 2. ITLE AME TREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD STEINER, ROBERT 5285 BROOKVIEW DR	agent and tile if approable. (NOTE: AND DIRECTORS	B4 City s, the above-named corporate corporate uthorized by the corporate corporate ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	PL purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12
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