	PORATION STATEMENT	Kat Sec	PARTMENT OF STA herine Harris retary of State vor corporations	ATE	; 00	FILED SEP II AM	ıı: 38	
DOCU 1. Corporati 200	JMENT # Schomas D. Sch	1 710 10 fp.~1, P. 12 12 12 33301	A. 0/0	,	SE TAL	CRETARY OF S LAHASSEE FL	STATE ORIDA	
2. Principal	Office Address		3. Mailing Office Address		4. Date Incorporated or Qualified To Do Business in Florida			
City & State		City & State	,		5. FEI Number Applied For Not Applied Applied For			
Zip	Country .	Žip	Country	6. CERTIFICATI	E OF STATU		Additional Fee require a Certificate of Status	
8. I, being and Signature of Registered Ag	appointed the registered agent of the	Able Fl above named corporation . L U REGISTERED AGENT	l '	ot the obligations of secti	State FL on 607.050	0/0/00		
<u> </u>	and Street Addresses of Each Office	r and/or Director (Florida	nonprofit corporations must	·	<u></u>			
Titles	Officers and/or Directors Thomas D. Schan		Officer and/or Director 200 E. Schuspful Blud		<i>1</i> 0-	Gity / State /	210 terdole 33301	
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this reins owed by	that I am an officer or director or the statement application, the reason for the corporation have been paid and application is true and accurate, and	dissolution has been elim the names of individuals my signature shall have th	ninated, the corporate name listed on this form do not qua	satisfies the requirements alify for an exemption und de under oath.	s of section der section	607.0401 or 617.0401	, F.S., that all fees information indicated	