

FILED
Feb 18 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 09/03/1986			
4. FEI Number 59-2743271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
(P.O. Box Number is Not Acceptable)			
State FL		Zip Code 85	
I hereby accept the appointment as registered agent for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent for the purpose of changing its registered agent on its board of directors.			
DATE _____			
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS			
1. <i>amend names:</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. <i>Popoulos, Hanka S.</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. <i>and</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. <i>Gene L.</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

SIGNATURE Hanka S. Chrussofopopop

CP2E034 (10/97)