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DOCU		J86433	3 (6	6)				
	DRIFT, INC.			-				
Principal Place	) of Business	······································	Mailing Address					IF OLDER OIGHT IN D
14415 US	ES ABELSON HWY #1 IN FL 32958		% J. JAMES AI 14415 US HWY SEBASTIAN FL	¥#1		<ol> <li>Date Incorporated or Qualified</li> </ol>	3a. Date of Last Re	port
9 Dringingt D	lace of Business	· · · · · · · · · · · · · · · ·	De Molino Addrood			08/10/1987 4. FEI Number	03/14/19	95
2. Fundiparra 21	ace or basiless		2a. Mailing Address 26	5		4. FEI Number 59-2828680		pplied For ot Applicable
Suite, Apt.	#, etc.	F	Suite, Apt. #, eti 27	ic.		5. Certificate of Status Desired		Additional equired
City & State	·····		City & State		•••	6. Election Campaign Financing Trust Fund Contribution	Li Added	May Be to Fees
Zip 24	25	· ·	2ip 29	30	Rountry	B. This corporation has liability for i Florida Statutes Yes	intangible tax under s 1	199.032,
	9. Name and Add	iress of Current Re	agistered Agent		81 Name	10. Name and Address of New R	Registered Agent	
ABELSON, J. JAMES					82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
14415 US HWY #1 SEBASTIAN FL 32958								
					83			
					<b>B3</b> <b>B4</b> City			Code
SEBA	STIAN FL 32958	ctions 607.0502 and	1 607.1508, Florida S	itatutes, the a	84 City	ration submits this statement for the pur		Code gistered office
SEBA 11. Pursuant or register	STIAN FL 32958	ne State of Fiorida. S	such change was aut	thonzed by the	84 City	ration submits this statement for the pur rd of directors. I hereby accept the appr		aistored office
SEBA 11. Pursuant or register	STIAN FL 32958	ne State of Florida, s igations of, Section f	Such change was aut 607.0505, Florida Sta ite if agginative	thonzed by the atutes.	84 City	rd of directors. I hereby accept the appo		gistered office agent. I am
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