FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00						<sup>h</sup> APPROVEO			
	CODDODATION			ARTMENT OF STATE  B. Mortham		FIL			
	L REPORT <b>997</b>		Secretary DIVISION OF C	of State		1997 MAY - 1	PH I	16	
DOCUM		7969	250			SECRETARY TALLAHASSE	OF_STA	TE.	
1. Corporation N	lame	)   L	1 . 1	T		IALLAHASSE	E. FLOR	IDA	
tred	A. 1/10	ntha <del>a</del>	Associat	وي الم	د.		٠,	· 14 · VI	
Principal Place of	Business	,	Mailing Address	(10615				er e	
Svite 9	00 1	,			1	late Incorporated or Qualified	la. D.	10	
Tallaha	ssee PL	3770		C 1 L 7W		10/13/87	3 <b>a</b> . Da	te of Last Report	
	e of Bus ness	Green 26	a, Mailing Address		4, F	59-2860	796	Applied For Not Applicable	
Suite, Apt. #, c	H O	Circle 27	Suite, Apt. #, etc.		<b>5.</b> C	ertificate of Status Desired		\$8.75 Additional Fee Required	
City & State	hassee	FL 28	City & State		,	lection Campaign Financing		\$5.00 May Be Added to Fees	
23 1 210 -7 2 2 2 2	Cour	ntry	Zip	Country	8. T	his corporation has liability for			
	9. Name and Add	29 Iress of Current Reg	<del></del>	30		lorida Statutes lame and Address of New I			
Frede	nick A	. Mag	tin .	81 Name					
106	E. Co	llege A	ve #900	82 Street A	COSS (P.C	Box Number is Not Accept	able)	Circle	
Tall	ohasx	2 FL	32301	83 5	vite	. Н			
		*******		84 City	<del>حاام</del>	hassee	FL	15 32308	
office or regis	stered agent, or bo	oth, in the State of Fio		athorized by the corpo		submits this statement for the ard of directors. I hereby acc			
SIGNATURE		anse of registered agent and b		Registered Agent signature in	equired when re	neration)	DATE		
12.	31 77 10 12 10 12	OFFICERS AND DIR	ECTORS	13.		DITIONS/CHANGES TO OF			
THE PP F	rederi	ck A. M	PCP DEFEAR	1.1 TITLE 1.2 NAME				Change Addition	
STREET AFORESS	32,30	Littera	Circle 12 32308	1.3 STREET ADDRESS					
TILE COLUMN	12112	rassee r	L SAGOT	1.4 CITY-ST-ZIP  2.1 TITLE				Change Addition	
NAV:	ンバルのファイス	h H. ST	WOR GLASS	2.2 NAME	309	E. Sinda	ir Re		
STREET ADDITIONS  GED +ST 7/F	Tallad	ha siec	FL 3230	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	Ta	llahassee	_	35315	
Tau			DELETE	3.1 TITLE				Change Addition	
SAME SAME ADORESS				3.2 NAME 3.3 STREET ADDRESS					
01 × 51 72		······		3.4 CITY-SI - ZIP	·····				
NAMA .			L'') DELETE	4 1 THTLE 4 2 NAME		0000002	168	Change Addition	
STREET ADDITIONS				4.3 STREET ADDRESS		-05/08	6/970 65 00	1115006 ****165.00	
Ddn 51 Z6		·····	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		44444	00.00	Change Addition	
NAME.			La Ditter	5.2 NAME				TT C18986 TT VOUIDOL	
STREET AT DRESS				5 3 STREET ADDRESS					
CHY-ST Zi <sup>o</sup>			DELETE	5.4 CITY+S1-ZIP 6.1 TITLE			·	Change Addition	
NAME			<del></del>	62 NAME				148xm	
SPECIAL BEST				6.3 STREET ADDRESS				E/4/	
00 51 20 1 <b>14.</b> I do heroby o	certify that the infor	mation supplied with	this filing does not qualify	for the exemption sta	ated in Secti	on 119.07(3)(i), Florida Statu	tes. I further	certify that the	
Lamian office	er or director of the	e corporation or the re	mental annual report is tru eceiver or trustee empowen attachment with an adda	red to execute this re	riat my sign iport as requ	ature shall have the same le uired by Chapter 607, Florida	gai ettect as i Statutes; an	if made under dath; that id that my name	
			' 2/ X	1		4/20/00	9~4	~224~127°	
SIGNATU	HE: SIGNAT	URE AND TYPED OR PRINT	EO NAME OF BIGNING OFFICER O	DA DIFFECTOR		Delo	Day	rtime Phone #	