		DI EASE DEAF	ALL INCT	PUCTION	NS BEEODE (OMDI ETI	NG THIS EAS) NA		
	PLICAT FOR ISTATE	ION	FLORID	A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS		COMPLETING THIS FORM. FILED SECRETARY OF STATE PHYISION OF CORPORATIONS				
1. Corpora	UMEN [*] ation Name VEL J. B	T# K160 BUCHANAN MD	_			99.0CT 19 PM 3:51				
3510 S. FLORIDA AVE PO BO				g Address DX 6084 AND FL 33607						
	incipal Office	incorrect in any way, line t Address, If Applicable		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florids 02/18/1988				
City & Stat		112	City & State				59-2876314	Applied Not App	licable	
Zip Country 7. Names and Street Addresses of Each Officer and.			Zip nd/or Director (Flo	<u> </u>		6. CERTIFICATE OF STATUS DESIRED 58 75 Additional Fig. required for a Certification Status				
Title(s)	Name of Officers and/or Directors 2			3	Street Address of Each Officer and/or Director	City / State / Zip				
DP	BUCHANAN, MICHAEL J.			112B Old Booth Dr LAKELAND FL						
-D	D - BUCHANAN, MARY P.				304 LAUREL HILL DR LAKELAND FL					
							5000030266352 -10/27/9301078004 *****750.00 *****750.00			
	,						Privo	122		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
BUCHANAN, MICHAEL J. - 504 LAUREL HILL DR LAKELAND FL 33812				•.	Street Address (P.O. Box Number is Not Acceptable) 1128					
10. I, being Signature of Registered	of	ne registered agent of the a	18ml	openion, am famili ENT MUST SIGN	UIREN	bligations of Section		FL 33811		
this rein	nstatement ap by the corpora	officer or director or the rec plication, the reason for di tion have been pald and th true and accurate, and my	sclution has been e names of Individ	eliminated, the divided in the literature of the	corporate name satisfies is form do not qualify for	the requirements an exemption und	of section 607.0401 or 6	317.0401, F.S., that all f	698	
SIGNA		IGNATIFIE AND TYPED OR F	AINTED NAME OF E	EIGNING OFFICER	OR DIRECTOR	10(1	9199 860	8 644 2 600 Daytime Phone #		