Principal Place of Business Maling Address ISO N FEDERAL MYY POWPANO BOH. FL 33052 2. Principal Place of Business Suite, Apt 4, etc. Suite, Apt 4	1. Entity Name	MENT # K26654	NESS REPO	RT (UBR)	FILED Apr 12, 2000 8:00 am Secretary of State 04-12-2000 90059 026 ***150.00
POMPAND SOL FL 3382 POMPAND SOL FL 3382; 500 2. Pincipal Place of Business 3. Maing Actress Suite, Apl. # etc. Suite, Apl. # etc. Chy & State Chy A State 20 Country 20053 LFWS 1650 NEEDERAL HWY. 20064 Pageboot of the purpose of changing its registered digent or both, in the State of Routes 20071 File ROWING Head of the purpose of changing its registered digent or both, in the State of Routes 20081 Country 20082 Country 20083 Country 20084 Country 20084 Country 20084 Country <td< th=""><th>Principal Place</th><th>e of Business</th><th>Mailing Address</th><th>•</th><th></th></td<>	Principal Place	e of Business	Mailing Address	•	
Sule, Apt. 4, etc. Sule, Apt. 4, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number 65 0201657 Applied For Nex Application Zio Country Zip Country S. Cantincial of State Science 95, 75 Automaling Nex Application Zio Country Zip Country S. Cantincial of State Desired 95, 75 Automaling Nex Application JONAS, LEWIS - - Name and Address of New Registered Appent - JONAS, LEWIS - - State City FL Zio Cooe A. The above named and waters of the purpote of changing its registered office or registered Append, or both, in the State of Florida - - - Sidewat types a countering its automart for the purpote of changing its registered office or registered Append. - - - - Sidewat types action and office or salety its Intractable -	1650 N. FEDERA	AL HWY.		3200	
Suite. Apr. 4. etc. Suite. Apr. 4. etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65.0201657 Applied for Text Applied Zip Country Zip Country S. Cantincian of Sanks Desired \$32,75 Zip Country Zip Country S. Cantincian of Sanks Desired \$32,75 JONAS, LEWS - Second Address of New Registered Agent - Name and Address of New Registered Agent - JONAS, LEWS - Second Address of New Registered Agent - Name - <td< td=""><td colspan="2">2. Principal Place of Business</td><td colspan="2">3. Mailing Address</td><td></td></td<>	2. Principal Place of Business		3. Mailing Address		
Product Point Appendix 7/p Country 2/p Country S. Centificate of Status Dealerd BS-75 Additional Face Angented 0 Name and Address of Current Registered Agent Name Name Stress Address of New Registered Agent 0 Name Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Name 0 Name Stress Address of New Registered Agent Ag	Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$
Zip Country Zip Country S. Centificate of Sigue Desired SS. C. Additional Fee Acquired JONAS, LEWIS 1600 N. FEDERAL HWY. POMPAND BCH. FL 33052 Name Name Name Street Address of New Registered Agent JONAS, LEWIS 1600 N. FEDERAL HWY. POMPAND BCH. FL 33052 Street Address of New Registered Agent Name Street Address of the Street Address of New Registered Agent Name Street Address (*O Box Navober; is Not Acceptable) Street Address of the Street Address of the Street Address of New Registered Agent Name Street Address (*O Box Navober; is Not Acceptable) Street Address of the Street Address of the Street Address of New Registered Agent Name Street Address (*O Box Navober; is Not Acceptable) Street Address of Street Address of the Street Address of the Street Address of the Street Address of New Registered Agent Chit Street Address of Street Address of the Street Address of the Street Address of the Street Address of New Registered Agent Chit Not Street Address of the Street Address of the Street Address of the Street Address of the Street Address of New Registered Agent Chit Not Street Address of Street Address of the Street Address of New Registered Agent Chit Street Address of Chit Not Street Address of New Registered Address of the Street Address of New Registered Address of New Regis	City & State		City & State		65-1201657
A Name and Address of Current Registered Agent Agent Address of Current Registered Agent	Zip	Country	Zip	Country	Society of Status Desired Status Desired Status Desired Status Desired Status Desired
JONAS, LEWIS 1650 N. FEDERAL HWY. POMPANO BCH. FL 33062 Stress Address (*C. Box Number, is Not Acceptable) City FL Ziz Code City FL City FL Ziz Code City FL City C		6. Name and Address of Current Re	egistered Agent		
1650 N. FEDERAL HWY. POMPANO BCH. FL 33062 City FL Zie Code Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. DME Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. DME Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. DME Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. DME Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. Stemation is statement for the purpose of changing is registered agent, or both, in the State of Fords. 11. OHFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Note Stemation is statement for the purpose of changing is registered agent, or both, in the purpose of changing is registered agent, or both, in the state of ford agent, in the ford of changing is registered agent, or both, in the stemation is registered agent, or both, in the		· · · ·	·····	Name	
A the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. SIGNATURE Generation seleption of integration agent and tier applicable. OVER Registered agent, or both, in the State of Forda. SIGNATURE Generation seleption to satisfy its Intangobe This corporation is eligible to satisfy its Intangobe After MAY 1, 2000 Fee will be \$\$550.00 Added to Fees Generation on ack OFFICERS AND DIFECTORS OFFICERS OFFICERS AND DIFECTORS OFFICERS OFFICERS AND DIFECTORS OFFICERS OFFI	1650	N. FEDERAL HWY.	•	Street Addres	s (P.O. Box Number is Not Acceptable)
SIGNATURE (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (NOTE Registered Agent diploater registered agent and the Legipteride (Note Campaign Financing) S5.00 May Be Added to Fees 11. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. Change Added 11. Diverter ITEL Change Added Added </td <td></td> <td></td> <td></td> <td>City</td> <td>FL Zip Code</td>				City	FL Zip Code
SIGNATURE	8 The above	named entity submits this statement for t	he nurpose of changing its	i registered office or regis	tered agent, or both, in the State of Florida.
P Date NAME JONAS, LEWIS Itile NAME JONAS, LEWIS Itile STRET ADRESS ISSO N FEDERAL HWY City-st-2P POMPANO BEACH FL Delete ITILE NAME STRET ADRESS City-st-2P CITY-ST-2P City-st-2P City-st-2P ITILE Delete ITILE NAME STRET ADRESS City-st-2P ITILE Delete ITILE <	Tax filing re	equirement and elects to do so.	After MAY 1, 20	00 Fee will be \$550.0	Trust Fund Contribution. Added to Fees
Intel JONAS, LEWIS STRET ADDRESS Intel Intel Device Intel NAME STRET ADDRESS CITY-ST-2P Intel Device TTEL NAME STRET ADDRESS CITY-ST-2P Intel Device TTEL NAME STRET ADDRESS CITY-ST-2P Intel Devices TTEL ADDRESS CITY-ST-2P CITY-ST-2P Change Intel Devices <t< th=""><th>11.</th><th>OFFICERS AND D</th><th></th><th></th><th></th></t<>	11.	OFFICERS AND D			
TITLE Delete TITLE Change Addition STREET ADDRESS CTT-ST-2P CTT-ST-2P Change Addition TITLE Delete TITLE Change Addition STREET ADDRESS CTT-ST-2P CTT-ST-2P CThange Addition TITLE Delete TITLE NAME STREET ADDRESS CTT-ST-2P CT	NAME		L] Delete	NAME	Change (_ Auduron
ITTLE Delete TTTLE Change Addition ITTLE NAME STREET ADDRESS CITY-ST-2IP Change Addition ITTLE IDelete TTTLE IDelete Change Addition ITTLE IDelete TTTLE IDelete ITTLE IDelete					
-TiTLE Delete TITLE Delete <	CITY-ST-ZIP TITLE NAME STREET ADDRESS	POMPANO BEACH FL	Delete	CITY-ST-ZIP TITLE NAME STREET ADORESS	Change [] Addition
ITTLE Delete ITTLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete ITTLE Delete ITTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ITTLE Delete ITTLE ITTLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or director or director or director or insupplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or changed, or on an attachment with an address, with all other like empowered. Uncertained, or on an attachment with an address, with all other like empowered. U-S-OD 9SH 78CO44 H	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POMPANO BEACH FL		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
TITLE Delete TITLE Change Additi NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Additi 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. U-S-OD 954 REC 0444	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP -1ITLE - NAME STREET ADDRESS	POMPANO BEACH FL	🗖 Dei <i>e</i> te	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 	Change Addition
 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or thystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. 	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POMPANO BEACH FL	Deiete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
SIGNATURE: SAGNATION FIELD ALLONAS 4-5-00 IST STOR	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	POMPANO BEACH FL	- Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
SIGNATURE AND TYREO OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL	Delete Delete Delete Delete Delete Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if