Paralegal & Attor d/b/a CAPITOL SER	eney Service Bureau, No.	39/	
Reques 1406 Hays St., St Tallahassee, FL City/State/Zip	Address 850/878-4734 or 32301 850/656-3992	Office Use Only	
CORPORATION NA	ME(S) & DOCUMENT NUM	BER(S), (if known):	
1. Corpora	Larman of Florida, 1	(Nc. <u>K79391</u>	- -
3	inon ivane)	ocument #)	
4. (Corpora	ation Name) (Do	ocument #) PH 55	2
Walk in Mail out	Pick up time 123 Will wait Photocopy	Certified Copy Certificate of Status	
Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/ Dire	ector U V 99	- 1
Limited Liability Domestication Other	Change of Registered Agent Dissolution/Withdrawal Merger	DIANGULY CONCRUINS	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION =		E E E E E E E E E E E E E E E E E E E
Fictitious Name Name Reservation	Foreign Limited Partnership Reinstatement	0000025963 -07/23/9801 *****35.00	3307 031022
	Trademark Other	*****35.00	*****35.00

7/24/98

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502 poration organized under the la			Florida Statu	tes, the
submits the follo State of Florida	owing statement in order to chan			igent, or both	, in the
2. The mailing a	address of the corporation is:	825 Third Aver	nue, New Y	ork, NY	10022
3. Date of inco	rporation/qualification: 4/11/89	Docum	nent number:	K79391	
4. The name and	d address of the current registered United Corporate Services Inc	•		98 SEC: TALL	
	801 Northeast 167th Street, S			JUL AHA	
5. The name an	North Miami Beach, FL 33162 d address of the new registered a NATIONAL CORPORATE RESE 1406 Hays Street, Suite #2, Ta	gent and office: (P. O. ARCH, LTD., INC.		23 MIII: 56 SSEE, 独 ORIDA	
	ress of its registered office and t ged, will be identical. vas authorized by resolution dul the board.				
(Signatur	re of a officer, chairman or vice cha	irman of the hoard)		121148 Date)	
	Lytkowicz, Secretary				<u>.</u>
Having been n corporation, I further agree performance o registered age	(Printed or typed name and to amed as registered agent and to thereby accept the appointment at the comply with the provisions of my duties, and I am familiar and to the complexity of my duties.	o accept service of pro as registered agent a of all statutes relative	ocess for the a nd agree to ac to the proper	(Date) bove stated t in this capa and complete position as	city.
	(Signature of Registered Agent)	<u> </u>	. //d 2/ (Da	(e)	_
If signing on beh	·		_		
	John L. Morrissey (Typed or Printed Name)		Asst. Vice (Capacity		ent
CD2E045(4)05)				FILING FEE: \$35	.00