

DOCUMENT # K98028

1. Entity Name

FILED
Apr 12, 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6077 GLENDALE DR. BOCA RATON FL 33433 US	6077 GLENDALE DR. BOCA RATON FL 33433-3842 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0128130	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GURNEY, KENNETH W
6077 GLENDALE DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GURNEY, KENNETH W., JR. 6077 GLENDALE DR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GURNEY, MARGARET 6077 GLENDALE DR BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 (561) 863-7301

CR2E034 (9/99)