**SUITE 1400** 30! EAST PINE STREET POST OFFICE BOX 3068

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E-MAIL ADDRESS bbuchana@ghrlaw.com

July 13, 2000

Ms. Karon Beyer, Bureau Chief Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

BARBARA S. BUCHANAN

Re: Statement of Change of Registered Office

Dear Ms. Beyer:

80000331 -07/18/00--01002--020 \*\*\*\*455.00 \*\*\*\*\*35.00

Enclosed for filing with your office are Statements of Change of Registered Office for each of the following entities together with our firm's check in the amount of \$455.00 to cover the filing fee of \$35.00 per Statement:

Atlantic Urological Associates, P.A. Michael J. Barimo, D.O., P.A. Bosshardt and Marzek, LLP Finishline Automotive Coatings, Inc. The Harbour Healthcare Group, Inc. Infinite Ideas and Designs, Inc. JVK Salon, Inc. Joe's Truck Parts, Inc.

Magic Audio, Inc. Moriah Brandon's, Inc. Plastic Surgery Center of Lake County, P.A. South American Imports/Exports, Inc. Space Coast Radiology Associates - Drs. Anderson, Mayer, Flynn, Sorbello and Swalchick, P.A.

Pachare Buchana

If you should have any questions regarding the enclosed request, please do not hesitate to telephone me.

Sincerely,

Barbara S. Buchanan

Paralegal

bsb Encls.

850-222-7717

TALLAHASSEE

MELBOURNE 321-727-8100

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of secti	on 607.0502(3), 617.05(	)2(3), 607.1508(2), or 617.15	508(2).
Florida Statutes, the undersigned i			
the State of <u>FLORIDA</u> sub			
office in Florida.	-		-8
1. The name of the corporation:		N IMPORTS/EXPORTS, IN	<u>C.</u>
	L02572		<del></del>
2. The street address of the curren	t registered office:		
————————————————————————————————————	201 E. Pine Street		
	Suite 1200	<u> </u>	9
	Orlando, Florida 3280		E T
3. The street address of the new re	gistered office:	HASSEE	18 PM 3: 04
	301 E. Pine Street		်င္သ
	Suite 1400		
	Orlando, Florida 3280	)1	•
The corporation has been notified in	n writing of this change.		
The street address of the registered registered agent, as changed, will be	office and the street add	ress of the business office of	the
Date: 6-13-2000	<u>.                                    </u>	±	
Hand Sch		David L. Schick	
(Signature of Registered Agent)		(Printed or Typed Name)	

**Filing Fee: \$35.00** 

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS28(9/98)