COR	PROFIT	N A		PARTMENT OF STATE			
ANNL	JAL REPC	RT 🖁		etary of State			
	1996		DIVISION O	F CORPORATIONS			
	MENT	# L1203	0 (7)				
TMC-3,							
icipal Place	of Business		Mailing Address				
	'man mclamo Kennedy blv( 33609		C/O S. WHITMAN MO 4601 West Kennedy Tampa, F L 33609			1	
				· • · ·	3. Date Incorporated or Qualified 08/29/1989	3a. Date of Last Rep 04/10/1995	
Principal Pla	ace of Busines		2a. Mailing Address		4. FEI Number 59-2964997		pplied For ot Applicable
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State	100	52	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
Zip 2 8/		Country	Zip	Country	8. This corporation has liability for i	intangible tax under s 1	
2 50	9. Name a	5 Hillsbord	h 29 Int Registered Agent	30	Florida Statutes Yes 10, Name and Address of New R		
	est kennei Fl 33609	)y Blvd. Suite 22	8	83 84 City		El 85 Zip	Code
Pursuant t or register familiar wit	FL 33609	ns of Sections 607.050 oth, in the State of Flo	)2 and 607, 1508, Florida Statu	84 City Ites, the above-named corporation's box	pration submits this statement for the pur ard of directors. I hereby accept the appo	PL	aistered offic
Pursuant t or register familiar wit	FL 33609 to the provision red agent, or b th, and accept	ns of Sections 607.050 oth, in the State of Floi the obligations of, Sec privide name of registered age	02 and 607,1508, Florida Statu rida. Such change was author ction 607,0505, Florida Statute nt and title if applicable (M	B4         City           ites, the above-named corporation's boots         boots           iss.         boots         boots           IOTE: Registered Aport screator route         boots	ard of directors. I hereby accept the appr ed when renstating	PL pose of changing its registered a bintment as registered a	gistered offic agent. I am
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