CORP	ROFIT PORATION NL REPORT 996		FLORIDA DEPARTN Sandra B. M Secretary (DIVISION OF CO	Mortham of State		
Corporation Question	MENT # Name ence Line	L 2629	Tac			
rincipal Place	of Business	3/1 3+. 1 3>>> 1	lailing Address			
21 smt	ation F	13201			10/27/89	Date of Last Report
, Principal Pla	ace of Business	2a 26	. Mailing Address		4. FEI Number (55-0153964	Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, elc			\$8.75 Additional Fee Required
City & State		27	City & State		6. Election Campaign Financing	\$5.00 May Be
] Zip	Cou	28 atry	Zip	Country	8. This corporation has hability for inta	Added to Fees angible tax under s. 199.032,
]	25	29]	30	Florida Statutes Yes 10. Name and Address of New Regis	_] No
.)	9. Name and Add	iress of Current Regi	stered Agent	81 Name	10. 10.110	
Kin	berly M	. G. (mou		82 Street Add	ress (P.O. Box Number is Not Acceptable)
112	5. E. 64	'Er322	n i	83		
Fat. L	oull-chip	, 20055	ρ,	84 City		85 Zip Code
11. Pursuant t	to the provisions of S	ections 607.0502 and loth in the State of Flo	607.1508 Florida Statute	is, the above-named cor uthorized by the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE _	to the provisions of S egistered agen or b in familiar with and a Signal of typed or by ried in	name of registered agent and the	To if applicable (NOTE	is, the above-named cor- nuthorized by the corpora- rida Statutes. Registered Agent's gnature required.	poration submits this statement for the pur tition's board of directors. I hereby accept ared when rensating? ADDITIONS/CHANGES TO OFFICE	pose of changing its registered the appointment as registered DATE. BY AND DIRECTORS IN 12
SIGNATURE _	XIMICO	name of registered agent and the OFFICERS AND DIR	To if applicable (NOTE	Registered Agent is gnature required. 13. 1 1 I TILE	and when reinstating)	pose of changing its registered the appoint/ent as registered
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SIGNATURE _ 12. IITLE	Signaturi typed or printed i	OFFICERS AND DIR	TC if applicable (NOTE ECTORS DELETE	13. 1 1 1 TILE 1 2 NAME 1.3 STREET ADDRESS 1 4 CITY - ST - ZIP	and when reinstating)	pose of changing its registered the appointment as registered DATE. BY AND DIRECTORS IN 12
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