DOCUI 1. Entity Name	MENT # L31100	FILED Apr 07, 2000 8:00 am Secretary of State 04-07-2000 90074 005 ***150.00								
Principal Place % BALLOON 8/ 722 N. ANDREV FT. LAUDERDA	AZAAR NS AVE.	Mailing Address % BALLOON BAZAAR 722 N. ANDREWS AVE. FT. LAUDERDALE FL 33311-7438								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					٦
City & State		City & State			4. FEI Number	65-0158445		Not	olied For Applicable	
Zip Country		Zip	Country		5. Certificate of	Status Desired	□ \$8 Fee	.75 Add Required	itional I	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Ac	dress of New Regi	istered Age	nt]
				Name			_			
FELEPPA, DIANN 1312 S.W. 7 STREET FORT LAUDERDALE FL 33312-2415				Street Address (P.O. Box Number is Not Acceptable)						
FUR	I LAUDENDALE FC 33312-2413		ŀ	City			FL	Zip Code	,	
8. The above	named entity submits this statement f	for the purpose of changing its	s registerer	d office or register	ed agent, or both, i	n the State of Florid				-
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	TE: Registered	Agent signature required	when reinstating)		DATE			
Tax filing requirement and elects to do so. After			000 Fee v	S \$150.00 vill be \$550.00	Trust	on Campaign Finan Fund Contribution.	cing		May Be to Fees	
	ria on back)OFFICERS ANI	Make_Check Paya	ble to De 12.	partment of Sta		ANGES TO OFFICE		RECTORS	UN 11	-
11. TITLE	P		TITLE	T	Abbinonoror			Change	Addition	16
NAME STREET ADDRESS	FELEPPA, DIANN 1312 S.W. 7 STREET			T ADDRESS						2E034 (9/99)
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			ST-ZIP				Change	Addition	-1 @2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗔 Delate	TITLE NAME STREE CITY-1	T ADDRESS			L	i onange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	· · · · · ·	Deligite		T ADDRESS ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST- ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP	<u></u>] Change	Addition	
indicated of the cor changed,	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em , or on an attacement with an address	is true and accurate and that powered to execute this repor , with all other like impowered	my signatu t as require	ire shall have the	same lenal effect a	s if made under oat and that my name a	h that i am a	an officer (or director	
DIA	ANN FELEPPA	PRINTED NAME OF SIGNING OFFICE		DR		Date	Daytin	ie Phone #		