

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 06, 1999 8:00 am Secretary of State

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Principal Place 4399-WEST-TY TAMPA FL 336	SON AVE. DO NO	thung	Mailing Address PO 80X 130174 TAMPA FL 33068	do not c	nange	DO NOT WRITE IN THI	S SPACE		
	KOR		~ 00	~ UC	3. Date Incorporati	ted or Qualifed			
2 Principal D	lace of Business		2a. Mailing Addross		04/05/1990 4. FEI Number		Apr	plied For	
21	lace of pusifices		26		65-0186209	1		t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certifcate of St	` -	\$8.75 A Fee Re		
22 City & Stat	e/		City & Star		6. Election Campa	aign Financing	\$5.00		
23		<u>• </u>	28	<u> </u>	Trust Fund Cor	itribution	Added to	o Fees	
Zip 24	Country		29 Zio	Country	8. This corporation Personal Prope	n owes the current year I erty Tax.		□No	
~~\	9. Name and Address		Registered Agent		10. Name and Add	ress of New Registere	d Agent		
COF	IN, ROY W ESQUIRE		Do not cho	See (81 Name					
	HENDERSON BLVD.	L- 1	DO NOT CHO	82 Street	Address (P.O. Box Mumbe	r is Not Accentable)			
MAL	PA FL 33609		TVS 4/30/7	83				D .	
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				84 City					L
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office or r	egistered agent, or both,	ons 607.0502 a in the C	Such change was	atutes, the above-named	corporation submits this st oration's board of directors	atement for the purpose	of changing its	registered gistered	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 matee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachness that it an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR