	PROFIT	FLORIDA DEPART	· ·		ILED	.00.00
	RPORATION	Sandra B.		May 06		
1997		2	DIVISION OF CORPORATIONS		Secretary of State	
1. Corporatio	MENT # 1 7865					
	ce of Business	Mailing Address	K			
209 DUVAL ST. 209 DUVAL ST. KEY WEST FL 33040 KEY WEST FL 330						
		10 - 2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200		 Date Incorporated or Qualified 06/07/1990 	3a. Date of Last F 03/15/1996	eport
2. Principal F 1	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0244323		oplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		 Certificate of Status Desired 	\$8.75	Additional
2 City & Stal 3	le.	27 City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
2ip (4	Country 25 9. Name and Address of Cu		Country 30	8. This corporation has liability for i Florida Statutes	Yes 🗌 No	. 199.032,
HAI	LPERN, MICHAEL	trent negistered Agent	61 Name	10, Haine Bitt Address of How No.	gistorou Agont	
209	DUVAL STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
KEY	Y WEST FL 33040		83	<u></u>		
			84 City	,	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the above-named coi	rporation submits this statement for the p		ts registered
11. Pursuant office or agent 1 a	t to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florida Statute tate of Florida. Such change was au bligations of, Section 607.0505, Flor	s, the above-named co uthorized by the corpora ida Statutes.	rporation submits this statement for the p ation's board of directors. I hereby accep		ts registered registered
	To the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of Signature types or printed name of registeres		s, the above-named coi ithorized by the corpora ida Statutos.			
SIGNATURE	Signature system or printed name of registeres OFFICE RS	d agent and life if applicable (NOTE AND DIRECTORS	Registered Agent signature requ 13.		DATE DATE DATE	
SIGNATURE 2. L'IF	Signative speed or printed narrie of repisieres OFFICE RS	d agent and title if applicable (NOTE	Registered Agent signature req	uired when reinstating)	purpose of changing i of the appointment as	IS IN 12
SIGNATURE 2. I'TE IAME	Statut re-typed or printed name of registeres OFFICE RS PST HALPERN, MICHAEL 209 DUVAL ST.	d agent and life if applicable (NOTE AND DIRECTORS	Registered Agent signature req 13. 1 1 TITLE	uired when reinstating)	DATE DATE DATE	IS IN 12
SIGNATURE 2. ITTE IAME TREET ADDRESS ITY ST ZIP	Stand in typical or printed name of registeres OFFICE RS PST HALPERN, MICHAEL 209 DUVAL ST. KEY WEST FL	st agent and title it applicable (NOTE AND DIRECTORS	Registered Agent signature reg 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	DATE DATE CRS AND DIRECTOF	IS IN 12
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SEGNATURE 12. 11 TE 14 ME STREET ADDRESS 11 TE 14 ME STREET ADDRESS	Stand in type to printed name of registers OFFICE RS PST HALPERN, MICHAEL 209 DUVAL ST. KEY WEST FL D HALPERN, MICHAEL	st agent and title it applicable (NOTE AND DIRECTORS	Registered Agent signature reg 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME	uired when reinstating)	DATE DATE CRS AND DIRECTOF	IS IN 12
SEGNATURE 12. 111F KAME STREET ADDRESS 111F KAME STREET ADDRESS 1119 - ST. ZIP	Signature Issued or Printed name of registeres OFFICE RS HALPERN, MICHAEL 209 DUVAL ST. KEY WEST FL D HALPERN, MICHAEL 209 DUVAL ST.	st agent and title it applicable (NOTE AND DIRECTORS	Registered Agent signature req 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS	uired when reinstating)	DATE DATE CRS AND DIRECTOF	IS IN 12
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