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AD SOUTHWEST ITTH AVENUE       JAD SOUTHWEST ITTH AVENUE         DAVE FL 33320       DAVE FL 33320         DAVE FL 33320       DO NOT WRITE IN THIS SPACE         J. Data Incorporated or Charling       Applied For         J. Data Incorporated or Charling       Stoth Applied For         J. Data Incorporated or Charling       Stoth Applied For         J. Data Incorporated or Charling Formaning       Trust Fund Contribution         J. Data Incorporate Applied For       Stoth Applied For         J. Data Incorporate Applied Formaning       Stoth Applied For         J. Data Incorporate App	1. Corporation	n Name	6						
2. Principal Place of Business         2	420 SOUTHWEST 117TH AVENUE 3420 SOUTHWEST 117TH AVE						DO NOT WRITE	IN THIS SPACE	·····
2. Mailing Address 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status 5. Certificate of Status Desired									
Suite, Apl. #, etc.         20         Suite, Apl. #, etc.	2. Principal Pl	lace of Business	2a. N	ailing Address	<u>.</u>	<u>_</u>	4. FEI Number	. <b>  </b>	
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20     7ust Fund Contribution     Added to Pees       20 <td< td=""><td>2</td><td>· </td><td></td><td></td><td></td><td></td><td></td><td>Fee Rec</td><td></td></td<>	2	· 						Fee Rec	
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In the second seco	Zip			· –		ntry			
SIMON, STEVEN W. sol BRICKELL AVE. SUTE 1901 MIAM FL 33131	4				30[			A	
SUITE 1901       BI       2       Street Address (P.O. Box Number is Not Acceptable)         MAM FL 33131       BI       BI       Zip Code         11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such changing its registered agent, or both, in the State of Florids. Such changing its registered agent, or both, in the State of Florids. Such changing its registered agent, or point, and accept the obligations of Section 607.0505, Florids Statutes.       DMTE         Store of the provisions of Sections 607.0508, Florids Statutes.       MOTE measure day the corporation submits this statement for the purpose of changing its registered agent, or point, and accept the obligations of Section 607.0505, Florids Statutes.       DMTE         Store of the provisions of Sections 607.0507, Florids Statutes.       MOTE measure day the intervision of Sections 607.0507, Florids Statutes.         Store of the provisions of Sections 607.0507, Florids Statutes.       MOTE measure day the intervision of Sections 607.0507, Florids Statutes.       DMTE         Store of the provisions of Sections 607.0507, Florids Statutes.       MOTE measure day the intervision of Sections 607.0507, Florids Statutes.       DMTE         12       OFFICERS AND DIFECTORS       13       ADDITIONS/changes To OFFICERS AND DIFECTORS IN 12         13       The sections 3200 SW 117TH AVE       13 STREFLADRESS       ADDITIONS/changes Additin measure agent in the sectin the provision ano	SIMO	ON STEVEN W			, i	81 Name			
MIAMI FL 33131       44       City       FL       15       Zip Code         11. Purpusent to the polylicities of Sections 607 (5502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered are of the outpolicities of a section of 0.5005, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered are of the outpolicities of 0.5005, Florida Statutes, SignATURE         SignAture typeInt protein date of registation of 0.5005, Florida Statutes, SignATURE       OFFICERS AND DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         12.       OFFICERS AND DIRECTORS       13       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Intelle         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       OFFICERS AND DIRECTORS IN 12       Intelle       Intelle       Intelle       Intelle       Addition         14.       PARASKIS, GEORGE       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Intelle	801	BRICKELL AVE.				82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
In         Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0502. Florida Statules.         Statules.         Each corporation submits this statement for the purpose of changing its registered agent. Change was automaticated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505. Florida Statules.         March corporation submits this statement for the appointment as registered agent. I am familiar with, and accept the obligations of Section 607 0505. Florida Statules.           SIGNATURE         Section familiar equation was arrested and or directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 0507. Florida Statules.         DATE           SIGNATURE         Intel paperation of the appoint and the in applicable.         Intel paperation of the applicable.         Intel paperation of the applicable.           The         PD         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           The         DAVE         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Change         Addition           The         DAVE FL         13.         12.0000.         Intel paperation of the applicable.         Intel paperation of the applicable.         Intel paperation of the applintedin applicable.         Intel paperation of						83			
11. Direction of Sections 607 (502 and 607 1508, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (505, Florida Statutes.         International Control Contrel Control Control Control Control Control Control Control Contro	MIAN	MI FL 33131				84 City		85 Zip C	ode
Intel       Image       Image <td< th=""><th>agent. I a SIGNATURE</th><th>m familiar with, and accept the ob Signature, typed or printed name of registered</th><th>ligations of, S</th><th>ection 607.0505, Flori</th><th>da Statu Registered</th><th>ites.</th><th>ed when reinstatung)</th><th>DATE</th><th>RS IN 12</th></td<>	agent. I a SIGNATURE	m familiar with, and accept the ob Signature, typed or printed name of registered	ligations of, S	ection 607.0505, Flori	da Statu Registered	ites.	ed when reinstatung)	DATE	RS IN 12
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International and 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 in formation 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 in dicated 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 cath; that I am an officier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Forda Statutes. I further certify that I am an officier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Forda Statutes, and that my name appears in negative shall have the same legal effect as if made under cath; that I am an officier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Forda Statutes, and that my name appears in negative shall have the same legal effect as if made under cath; that I am an officient of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in negative shall have the same legal effect as if made under cath; that I am an an officient of an or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in negative shall have the same legal effect as if made under cath; that I am an an officient or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in negative shall have the same legal effect as if made under cath; that I am an an officient or director of the corporation or the receiver or trustee and that my signatu		DAVIE FL			_			Change	Addition
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www.e       4.2 NAME         strreET ADDRESS       4.3 STREET ADDRESS         stry-ST-ZIP       4.4 CITY-ST-ZIP         TTLE       DELETE         5.1 TITLE       Change         street ADDRESS       5.2 NAME         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       5.3 STREET ADDRESS         CITY-ST-ZIP       5.4 CITY-ST-ZIP         TITLE       DELETE         6.1 TITLE       Change         Addition       6.2 NAME         street ADDRESS       6.3 STREET ADDRESS         CITY-ST-ZIP       6.4 CITY-ST-ZIP         TAL       1 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 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 ecorpration or the receiver 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 corpration or the receiver and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in office or					3.4. CI				
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64 CITY-ST-ZIP 64 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4.2 N/ 4.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF	LE NME REET ADORESS IV-ST-ZIP LE ME REET ADDRESS IV-ST-ZIP		Change	Addition
14. Thereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	NTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4.2 N/ 4.3 ST 5.1 TT 5.2 NA 5.3 ST 5.4 CF 6.1 TT 6.2 NA	LE AME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME		Change	Addition
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