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Principal Place of B	usiness	2a. Mailing	Address		<i>A</i> -	3. Date Organize	d or Qualified	3a. State	of Formation
5/00 N. S7 Suite, Apt. #, etc.	ATE KO 7	Suite, Apt.		ATE	KD 7	12/04/1 4. FEI Number	998	FL	
/3 ;	7	City & State	(37			65087		}	Applied For
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33319	BROWARD	333/	9	BR	WARD	}		Sti 75 Additi	and Fee Regared
			Name and Address of New Registered Agent/Office						
7. Nan	ne and Address of Current	Registered A	gent		Name 8	Name and Address	O New riegia		Office
BLODIG, G	REGORY J ESQ. MARDER, HIF	RSCHFEI	D, RAF		Name Street Address	(P.O. Box Number is	Not Acceptal	ble)	
BLODIG, G GRENSPOON 100 WEST	REGORY J ESQ.	RSCHFEI	D, RAF		Name Street Address Suite, Apt. #, e	(P.O. Box Number is	Not Acceptal	1296 724/99-	ァフロ1 -01012016
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STORETARY OF STATE

TO A

Monday, August 02, 1999

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed our Annual Report filing for 1999 along with a check in the amount of \$188.75.

I spoke with someone in your office last week who informed me that the \$400.00 late fee would be waived because we never received the original mailing.

Please feel free to contact me with any questions.

Best Regards,

Arthur M. Pollack

President