EERACRES FL 33463 GREENACRES FL 33463 DO NOT WRITE IN THIS SPACE 97 incipe I Place of Business 2a. Mailing Address 4. FEI Number Apriled For 28 29 30 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required. City & State City & State 5. Certificate of Status Desired \$5.00 Hay Be Zip Country Zip Country 8. This curporation owes the current year Intangible 21 Zip Country 8. This curporation owes the current year Intangible Not 21 Zip Country 8. This curporation owes the current year Intangible Not 9. Name and Address of Current Registored Agent 10. Name and Address of New Register d Agent Not 81 Name 83 Street Acidress (P.O. Box Number is Not Acceptable) 83 SUITE 209 GREENACRES FL 33463 84 City FL 85 Zip C xde Pursuant to the provisions of Si ctions 607.0502 and 607.1508. Florida Statutes, the above-named curporation submit is this statement for the purpose of changing its registered agent. J am familiar with, and a cept the obligations of Section 607.0505, Florida Statutes. GNATE GNATE Statutes. <t< th=""><th>COR ANNU</th><th>NOW: FILING PROFIT PORATION JAL REPORT 1999</th><th></th><th>FLORIDA DEP.4R Katherin Secretary DIVISION Of Co</th><th>of State</th><th>FIL Apr 27, 199 Secretary 04-27-1999 90210</th><th>99 8:00 of Stat</th><th></th></t<>	COR ANNU	NOW: FILING PROFIT PORATION JAL REPORT 1999		FLORIDA DEP.4R Katherin Secretary DIVISION Of Co	of State	FIL Apr 27, 199 Secretary 04-27-1999 90210	99 8:00 of Stat	
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