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PLEASE READ ALL	INSTRUCTIONS	BÉFORE C	OMPLETING	THIS FORM

e = 5	PLEASE READ	ALL INST	TRUCTIONS BÉFORE	COMPLET	ING THIS FORM.
£ .	PORATION BTATEMENT	DIV	DEPARTMENT OF STATE Katherine Harris Secretary of State ISION OF CORPORATIONS		FILED 02 MAY 22 PM 3:51
	JMENT # M 93 Hotion Name SSIC ENTENTBE				SECRETARY OF STATE TALLAHASSEE, FLORING
2. Principal Office Address 95/6 5.W. 8 5 T Suite, Apt. #, etc. Suite, Apt. #,		Office Address . etc.		01-02	
City & State PEMI Zip 330		City & State	Country	5. FEI Number	porated or Qualified iness in Florida 1988 Applied For
R. I heing	Street Address (P.O. Box Number is N. 5 / 6 S w. Suite, Apt. #, Etc. City PtmBRULE appointed the registered agent of the above the suite of the s	CINES		10	DDDD56946717 -06/06/0201054020 ****308.75 ****308.75 State Zip Code FL 33025
Signature o Registered	Agent My Joyle	(hb)	BENT MUST SIGN	· · · ·	Date 5-72-02
9. Names	and Street Addresses of Each Officer ar	nd/or Director (F	lorida nonprofit corporations must list at	least 3 directors)	
Titles	Name of Officers and/or Directors	;	Street Address of Each Officer and/or Director		City / State / Zip
PRES	FRANK HOVEHTAL	inc-	9516 S.W. 8	57	PEMBRUKO-PILOS, PL
this rei owed t	nstatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my	solution has been names of indivisignature shall h	en eliminated, the corporate name satisficulars listed on this form do not qualify for nave the same legal effect as if made un	ies the requirement or an exemption un der oath.	hapter 607 or 617, F.S. I further certify that when filing ts of section 607.0401 or 617.0401, F.S., that all fees ader section 119.07(3)(i), F.S. The information indicated 12 5-12-02 Date Daytime Phone #