Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  BOTOS, MICHAEL E 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401 City FL Zip Cod  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 1 Delete 1974 FREEMAN, BRUCE 1974 FL 200 Delete 1974 FREEMAN, BRUCE 1974 FL 200 Delete 1974 FREEMAN, BRUCE 1974 FL 200 Delete 1974			OBKĮ	ORI	DIMESS REPU	AILORM DOS	ואט טע	2000
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Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Adress of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name  BOTOS, MICHAEL E 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401 City FL Zip Cod  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature, typed or pretide name of registered agent and title if explicable. (MOTE Registered Agent signature required when rentiating) DATE  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  MGR FREEMAN, BRUCE 110. ADDITIONS/CHANGES 110. ADDITIONS/CHANGES 1111ET MARKE 100R2S 250 LESMILL ROAD 100N MILLS, ONTARIO CANADA M3B -2T5 1111ET MARKE 100R2S 250 LESMILL ROAD 100N MILLS, ONTARIO CANADA M3B -2T5 1111ET MARKE 100R2S 250 LESMILL ROAD 100FFE, SEYMOUR 250 LESMILL ROAD					Suite, Apt. #, etc.	ite, Apt. #, etc.		Suite, Apt.
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BOTOS, MICHAEL E  777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Cod    Street Address (P.O. Box Number is Not Acceptable)    SIGNATURE   Street Address (P.O. Box Number is Not Acceptable)      Street Address (P.O. Box Number is Not Acceptable)      City   FL   Zip Cod    Street Address (P.O. Box Number is Not Acceptable)      Street	Applied For Not Applicable	CE_0000E70		City & State			City & State	
BOTOS, MICHAEL E 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, system or printed name of registered agent and site if application  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  MANAGING MEMBERS / MEMBERS  10. ADDITIONS / CHANGES  TITLE MARE STREET ADDIEST  DITY - 11- 21P  MGR  MGR  MGR  MGR  MGR  MGR  MGR  MG		¢5 00 4 199		Country	Zip	Country		Zip
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Make Check Payable to Department of State  9.		ating) DATE	ent signature required when reinstat	OTE: Registered Ag	nt and title if applicable. (NO	typed or printed name of registered agent a	Signature, types	
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11. 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 inindicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the receiver or trustee empowered be execute this report as required by Chapter 608, Florida Statutes.	e information ager of the	.07(3)(i), Florida Statutes. I further certify that the info er oath; that I am a managing member or manager lorida Statutes.	tion stated in Section 119.6 gal effect as if made under quired by Chapter 608, Flo	for the exempt e the same leg s report as rec	th this filing does not qualify fo d that my signature shall have see empowered to execute this	at the information supplied with eport is frue and accurate and to opany or the receiver or trustee	y certify that th ed on this repo liability compa	11. I hereby of indicated limited lial
SIGNATURE: SICHATURE AND BEQUIRED February 7, 2000 416 449-1340 Date Date Dayling Phone #				URED G MEMBER OR MA		SICTUAT SICHATURE AND THE POPULATION	TURE:	SIGNAT