FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 23 1998 8:00am

Daylime Phone # 0398134

Sandra B. Mortham

_	IAL REPORT	Secretary DIVISION OF CO		Secretary of	of State
 Corporation 	•	8836 (3) OMINIUM ACQUISITION COR	POR		
Principal Place	e of Business	Mailing Address			IDII BIRKI BIRII BIRII BIRII IBBI
		3040 GULF TO BAY BLVD 205			
CLEARWATER FL-94819_		CLEARWATER FL 34619 -		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualified	
a b = = = 1 b	ace of Business	To Mailer Address		09/12/1988	
	ace or business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	#. elc.	Suite, Apl. #, etc.		38-2860888	Not Applicable
22	m, 010.	27		5. Certificate of Status Desired	Fee Required
City & State)	City & State	<u>-</u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
33759	Country	¬ ^z ⁄⁄⁄33759	Country	8. This corporation owes or has paid the	current year Intangible
24 33739	25	[29]	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of	Current Registered Agent		10. Name and Address of New Registers	d Agent
PO:	ston, william G		81 Name		
O IO NOI AMANA OCNICATI MIO				ess (P.O. Box Number is Not Acceptable)	
304	10 GULF TO BAY BLVD. 1	F205	<u> </u>		
CLE	EARWATER FL 34819-		83		
			84 City		2ip Code 33759
11. Pursuant I	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized 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 Statutes.					
SIGNATURE	Signature, typed or printed name of regis	terest event and trip if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.		RS AND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	O'NEILL, PATRICK J		1.2 NAME		
STREET ADDRESS	24715 FIVE MILE ROAD)	1.3 STREET ADDRESS		
CITY-ST-ZIP	REDFORD MI 48239		1.4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'NEILL, EDWARD J		2.2 NAME		
STREET ADDRESS	24715 FIVE MILE ROAD		2.3 STREET ADDRESS		
CITY-ST-7IP	REDFORD MI 48239)	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		L Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP		I Dritze	5.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	entify that the information con-	plied with this filling does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated officer or of Block 12 (on this annual report or coupl director of the corporation or t or Block 13 if changes, or on	emental annual report is true and accu- he receiver or trustee empowered to e an attachment with an address.	rete and that my signatur xecute this report as requ	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and the	under oath; that I am an at my name appears in

AME OF SIGNING OFFICER OR DIRECTOR