	PROFIT	FLORIDA DE	PARTMEN	IT OF STATE		
	DRATION		ira B. Mort retary of S			
1996 OCUMENT # NOO8		DIVISION C	•			
		84 (9)	34 (9)			
•	h of the redeemer (OF ST. LUCIE COUN	ity. In(<u>.</u>		
CHUNC						
	f Businesse	Mailing Address				
cipal Place of Business		3891 EDWARDS ROAD				
PIERCE FL S		FT. PIERCE FL 3498				
					3. Date Incorporated or Qualified 3a 01/12/1984	. Date of Last Report 05/01/1995
Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
пастрант во		26		<u></u>	59-2373471	Not Applicable
Suite, Apt. #, i	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· • ·		6. Election Campaign Financing	\$5.00 May Be
		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	30	Country	8. This corporation has liability for intang Florida Statutes	
	25 9. Name and Address of Curro				10. Name and Address of New Register	red Agent
			_	81 Name	J.L. Thomas	
THOMAS				82 Street #	ddress (P.O. Box Number is Not Acceptable)	
	AZA TERRACE ICE FL 34982			83 790	South Jenkins Road	,,
FI. PICH	10E ML 34302			280	Journ Jenrins Nool	
				841 City -		85 Zip Code
				e above-named o	Der Pierce	FL 34981
office or reg agent. I am	the provisions of Sections 617.0 jistered agent, or both, in the Sta familiar with, and accept the oblig nature, typed or printed name of registered a	ligations of, Section 617.050	3, Florida 1	e above-named o rized by the corpo Statutes.	per Pierce proporation submits this statement for the purpos ration's board of directors. I hereby accept the a squired when reinslating)	FL 34981 e of changing its registered appointment as registered
office or reg agent. I am SNATURE	gistered agent, or boin, in the Sia familiar with, and accept the oblig answer, typed or printed name of registered a OFFICERS A	agent and life if applicable	(NOTE: Reg	e above-named o rized by the corpo Statutes. jistered Agent signature 13.	DEF Pierce proporation submits this statement for the purpos ration's board of directors. I hereby accept the a	FL 349.81 a of changing its registered appointment as registered NTE AND DIRECTORS IN 12
office or reg agent. I am SNATURE	ristered agent, or both, in the Sta familiar with, and accept the obl gnature, typed or printed name of registered of OFFICERS / PD	agent and title if applicable	(NOTE: Reg	e above-named o rized by the corpo Statutes.	ADDITIONS/CHANGES TO OFFICERS	FL 349.81 a of changing its registered appointment as registered NTE AND DIRECTORS IN 12
office or reg agent. I am SNATURE	gistered agent, or boin, in the Sia familiar with, and accept the oblig answer, typed or printed name of registered a OFFICERS A	agent and life if applicable	(NOTE: Reg	e above-named o rized by the corpo Statutes. jistered Agent signature 13. 1.1 TITLE	Depresentation Submits this statement for the purpose ration's board of directors. I hereby accept the a sequred when reinstaing) Dr ADDITIONS/CHANGES TO OFFICERS D Math. Wotherington, U.B. 3033 Summit Street	FL 349.81 a of changing its registered appointment as registered NTE AND DIRECTORS IN 12
office or reg agent. I am BNATURE	Instered agent, or both, in the Sta familiar with, and accept the obl gnature, typed or printed name of registered a OFFICERS / PD EKGE, JACOB	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature 13. 11 TIFLE 12 NAME 1.3 STREET ADORESS 1.4 CITY - S1 - ZIP	Dep Pierce proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequired when reinstaing) ADDITIONS/CHANGES TO OFFICERS D Mathematics 3033 Summit Street FORT Pierce, Fi. 34982	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the oblig on the oblig grature, typed or printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD	agent and life if applicable	(NOTE: Reg	istered Agent signature 13. 11 IITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AVE AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obligature, typed or printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L.	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature 13. 11 TIFLE 12 NAME 1.3 STREET ADORESS 1.4 CITY - S1 - ZIP	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AVE AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the oblig on the oblig grature, typed or printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	e above-named d rized by the corpo Statutes. 13. 11 IITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TILE 22 NAME	Dep Pierce proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequired when reinstaing) ADDITIONS/CHANGES TO OFFICERS D Mathematics 3033 Summit Street FORT Pierce, Fi. 34982	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
office or reg agent. I am SNATURE E E E E E E E E E E E E A D R E E E E A D R E S B S B S B S B S B S B S B S B S B S	Intered agent, or boin, in the Sta familiar with, and accept the obligative, typed or printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature istered Agent signature 13. 11 IITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
office or reg agent. I am SNATURE E E E E E E E E E E E E E E E E E E	Intered agent, or boin, in the Sta familiar with, and accept the obl operation of printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W.	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature istered Agent signature 13. 11 IITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
office or reg agent. I am SNATURE E E E E E E E E E E E E E E E E E E	Intered agent, or boin, in the Sta familiar with, and accept the obl OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD.	agent and litle if applicable AND DIRECTORS	(NOTE: Reg	istered Agent signature istered Agent signature 13. 11 IITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or reg agent. I am SNATURE E E E E E E E E E E E E E E E E E E	Intered agent, or boin, in the Sta familiar with, and accept the obligative, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD	agent and litle if applicable AND DIRECTORS	INOTE: Reg	e above-named o ized by the corpo Statutes. istered Agent signature 13. 11 TIFLE 12 NAME 13 STREET ADORESS 1.4 CITY-S1-ZIP 21 TIFLE 23 STREET ADORESS 2 4 CITY-S1-ZIP 31 TIFLE 32 NAME 3 3 STREET ADORESS	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE E AE LE AE LE AE LE AE LE AE LE AE LE V-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE ME LE ME LE ME LE ME V-ST-ZIP LE ME VEET ADDRESS Y-ST-ZIP	Intered agent, or boin, in the Sta familiar with, and accept the oblection OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B.	agent and litle if applicable AND DIRECTORS DELET	INOTE: Reg	e above-named o rized by the corpo Statutes. jistered Agent signature 13. 11 TIFLE 12 NAME 1.3 STREET ADORESS 1.4 CITY-S1-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4. 2 NAME	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- gnature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE	agent and litle if applicable AND DIRECTORS DELET	INOTE: Reg	istered Agent signature istered Agent signature 13. 11 TIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TIFLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- gnature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D	agent and litle if applicable AND DIRECTORS DELET	INOTE: Reg	e above-named o rized by the corpo Statutes. jistered Agent signature 13. 11 TIFLE 12 NAME 1.3 STREET ADORESS 1.4 CITY-S1-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4. 2 NAME	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- gnature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL	agent and litle if applicable AND DIRECTORS DELET DELET DELET DELET DELET	INOTE: Reg	e above-named d rized by the corpo Statutes. istered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- gnature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL 701 S.E. HOLLOHAN AV	AND DIRECTORS AND DIRECTORS DELET DELET DELET DELET DELET DELET	INOTE: Reg	e above-named d rized by the corpo Statutes. istered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- gnature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL	AND DIRECTORS AND DIRECTORS DELET DELET DELET DELET DELET DELET	INOTE Reg INOTE Reg E IE IE IE IE	e above-named d rized by the corpo Statutes. istered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- grature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL 701 S.E. HOLLOHAN AV PT. ST. LUCIE FL 34983 D MEADOWS, TEX	AND DIRECTORS agent and litle if applicable AND DIRECTORS DELET DELET DELET DELET DELET DELET	INOTE Reg INOTE Reg E IE IE IE IE	istered Agent signature statutes. istered Agent signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered STE AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- grature, typed or printed neme of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL 701 S.E. HOLLOHAN AV PT. ST. LUCIE FL 34983 D MEADOWS, TEX 1207 TEXAS COURT	AND DIRECTORS agent and litle if applicable AND DIRECTORS DELET DELET DELET DELET DELET DELET	INOTE Reg INOTE Reg E IE IE IE IE	e above-named o rized by the corpo Statutes. Istered Agant signature 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered STE AND DIRECTORS IN 12 Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- construction of printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL 701 S.E. HOLLOHAN AV PT. ST. LUCIE FL 34983 D MEADOWS, TEX 1207 TEXAS COURT FT PIERCE FL 34950	AND DIRECTORS agent and litle if applicable AND DIRECTORS DELET DELET DELET DELET DELET DELET DELET DELET DELET DELET	IE IE IE IE IE	In the second se	Der Pierce proporation submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstang) ADDITIONS/CHANGES TO OFFICERS D ADDITIONS/CHANGES TO OFFICERS D Mathematical Street FORT Pierce, FL. 34982 VD Thomas, J.L. 2801 South Jenkins Rd. FORT Pierce, FL. 34981 South Jenkins Rd. FORT Pierce, FL. 34981	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition
office or reg agent. I am SNATURE	Intered agent, or boin, in the Sta familiar with, and accept the obli- construction of printed name of registered a OFFICERS / PD EKGE, JACOB 2929 NICHOLAS RD. FT. PIERCE FL 34982 VD THOMAS, J.L. 2918 PLAZA TERR. FT. PIERCE FL 34982 TD PLATTS, NORMAN W. 2953 SEMINOLE RD. FT. PIERCE FL 34951 SD HEFFELFINGER, L.B. 1215 YORK AVENUE FT. PIERCE FL 34982 D COTO, RAUL 701 S.E. HOLLOHAN AV PT. ST. LUCIE FL 34983 D MEADOWS, TEX 1207 TEXAS COURT FT PIERCE FL 34950		INOTE Requirements and provide the second se	e above-named d rized by the corpo Statutes. istered Agent signature 13. 11 IITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 54 CITY-ST-ZIP 51 TITLE 52 NAME 5.3 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP hed and closes no 1 annual report is 1 annual report is	Providence proportion submits this statement for the purpose ration's board of directors. I hereby accept the a sequined when reinstaining) ADDITIONS/CHANGES TO OFFICERS D Mathematical Struct FORT Pierce, FL. 34982-	FL 349.81 a of changing its registered appointment as registered AND DIRECTORS IN 12 Change Addition Change Addition