STOR-ALL CONDOMINIUM ASSOCIATION, INC.						02-14-2000 90	J36 U26 ****	70.00
Principal Place of Business		Mailing Address						
C/O JEFF M. ANDERSON 1880 DR. ANORES WAY, SUITE B DELRAY BEACH FL 33445 US		C/O JEFF M. ANDERSON 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442-1719 US			A0022375			
1375	Place of Business WEST HITISDOED BLUE							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
DEGREGED BOH, FL		City & State		4.	FEI Number	59-2750083		Applied For Not Applicable
3344	2/1/9 BrowARD	Zip	Country	5.	Certificate of S	Status Desired	\$8.75 Ad Fee Requir	
	6. Name and Address of Current Re	gistered Agent	Name	7.	Name and Ad	dress of New Registe	ered Agent	
·		·						
	ON, NORMAN E ITRIDGE PLACE N	Street Address (P.O. Box Number is Not Acceptable)						
	N BCH FL 33436							. <u></u>
			City				FL Zip Co	de
8. The above	e named entity submits this statement for the name of registered agent and		egistered office o			·	NATE	
						,		
	FILE NOW: FEE IS \$61.25			\$5.00 M Added to F	Make Check Payable to d to Fees Department of State			
10.	OFFICERS AND DIREC	CTORS	11.		ITIONS/CHANC	SES TO OFFICERS AN		N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, NORMAN E 1880 DR. ANDRE'S WAY, SUITE #I DELRAY BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ستد در استال	iisko Bi	orman E Usboro AL eng.FL	334Wz	owly
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, JEFF M. 1880 DR. ANDRE'S WAY, SUITE B DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDER 1375W	son, ITE	EDP.M. BORD BLVD BELL FL	Change ADD	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, CHARLES Q. 1880 DR. ANDRE'S WAY, SUITE B DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		SACH, PL	_	Addition 2653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secret Secretary	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. I hereby certify that the information supplied 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 on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SI