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OFFICE OF THE GOVERNOR OFFICE OF THE GOVERNOR THE CAPITOL THE CAPITOL TALLAHASSEE FL 32399-0001 TALLAHASSEE FL 32399-0 US US			3. Date Incorporated or Qualified	3a. Date of Last Report		
				07/22/1992	04/12/1995	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number 65-0365695	Applied Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	58.75 Additi	onat
22 City & State	Δ	27 City & State			Fee Require	*****
23	······································	28		6. Election Campaign Financing Trust Fund Contribution	Added to Fed	
Zip 24	Country 25	Zip 29	Country 30	 This corporation has liability for Florida Statutes 	intangible tax under s. 199.03	2,
24	9, Name and Address of Curre		30	10. Name and Address of New		
			81 Name	Sally S. Patrenos		
TURNBULL, NAT M. OFFICE OF THE GOVERNOR			82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
THE CA			83		L.	
	ASSEE FL 32399-0001		84 City	The Capitol	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617, 1508. Florida Statutes.	the above-named co	<u>rallahassee</u>	FL 32399-	0001
	1 1 1 1 1 0 1 1 7					каотсе і —
familiar wi	red agent, or both in the State of Flo ith, and accept the obligations of, Sec	rida, Such change was authorized ction 61776503, Florida Statutes.	by the corporation's I	poration submits this statement for the po poard of directors. I hereby accept the app	pointment as registered agent.	lam
familiar wi	Jully 2	Hatieno	V	poration submits this statement for the pu poard of directors. I hereby accept the app	pointment as registered agent. $4/9/96$	
	Signature, typed or printed name of egistered age	Mattense int and title it applicable. NOTE ND DIRECTORS	by the corporation's I		4/9/96 DATE FICERS AND DIRECTORS IN 1	
SIGNATURE	Signature, typed or printed name of positived age OFFICERS AI	Hand title if applicable NOTE	Registered Agent signature re 13. 1.3 TITLE	ADDITIONS/CHANGES TO OF	4/9/96 FICERS AND DIRECTORS IN 1	
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