NI COI	D NOTICE: CORPORATION WILL B DN OR BEFORE 8/7/96: \$61.25 (IF DISS ONPROFIT RPORATION UAL REPORT 1996	FLORIDA DEPAI Sandra Secreta DIVISION OF	JE TO REINSTATE: \$236.25  RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS	5.)	
1. Corporation	IMENT # N930 On Name (LE CELL DISEASE ASSOCI PRIDA, INC.	00000978 (7 ATION OF NORTH CEI	•	I ABOMBA BUG DODBA WUW BAUU BAU	
Principal Plac	ce of Business	Mailing Address			( BOKK BOKK BOKK BOKK IBIK 1985) (61) (89)
PEABODY H GAINESVILLE US		PEABODY HALL - 205 GAINESVILLE FL 32611 US			
				<ol> <li>Date incorporated or Qualified</li> <li>02/26/1993</li> </ol>	3a. Date of Last Report 07/13/1995
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3141317	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Stat	le	City & State		6. Flection Campaign Financing	Fee Required  \$5.00 May Be
<b>Z</b> ip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	Yes No
	9. Name and Address of Curren	It Registered Agent	81 Name	10. Name and Address of New Rec	istered Agent
	ONS, WILLIAM		82 Street Add	dress (P.O. Box Number is Not Acceptable	Α)
	ODY HALL - 205 SVILLE FL 32611		83	, the second sec	0)
	TOLOTT		84 City		
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1509 Florido Statuto		poration submits this statement for the pu	FL 85 Zip Code
office or r	egistered agent, or both, in the State	Land Olivingoo, Florida Statute			
agent. I a	im familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 617.0503, Flor	uthorized by the corporat	poration submits this statement for the purion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a SIGNATURE <b>∖</b>	Mimmore	itions of, Section 617.0503, Flo	rida Statutes.	nor s board or directors. Thereby accept	rpose of changing its registered the appointment as registered
agent. I a SiGNATURE\ 12.	Signature, typed or printed name of registered agei	Ations of, Section 617.0503, Floring and tille if applicable (NOTE)  DIRECTORS	uthorized by the corporation Statutes.  Flogistered Agent signature required.  13.	ired when reinstating)	7/30/96
agent. I a SIGNATURE  12.  TITLE	Signature typed or printed name of registered age:  OFFICERS AND	ations of, Section 617.0503, Flor	FROGISTORE STATUTE TO THE COMPONENT OF T	nor s board or directors. Thereby accept	7/30/96
agent. I a SiGNATURE\ 12.	Signature typed or printed name of registered age:  OFFICERS AND PD SIMMONS, WILLIAM 141 CASTLE DRIVE	Ations of, Section 617.0503, Floring and tille if applicable (NOTE)  DIRECTORS	FROGISTORE CORPORATION OF THE CO	ired when reinstating)	7/30/96
Agent I a SIGNATURE  12.  11/LE NAME STREET ADDRESS CITY-ST-ZIP	Signature typed or printed name or registered age:  OFFICERS AND  PD  SIMMONS, WILLIAM  141 CASTLE DRIVE  GAINESVILLE FL	ntions of, Section 617.0503, Figi on and title if applicable (NOTE DIRECTORS DELETE	FROGISTORE Agent signature required 13.	ired when reinstating)	EHS AND DIRECTORS IN 12  Change Addition
AGENTURE 12.  117.  117.  NAME STREET ADORESS	Signature typed or printed name of registered age:  OFFICERS AND PD SIMMONS, WILLIAM 141 CASTLE DRIVE GAINESVILLE FL D	Ations of, Section 617.0503, Floring and tille if applicable (NOTE)  DIRECTORS	E Registered Agent signature requi	ired when reinstating)	7/30/96
Agent I a SIGNATURE  12.  11/LE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature typed or printed name or registered age:  OFFICERS AND  PD SIMMONS, WILLIAM 141 CASTLE DRIVE GAINESVILLE FL  D LEWIS, MARY 2212 N.E. 7TH AVENUE	ntions of, Section 617.0503, Figi on and title if applicable (NOTE DIRECTORS DELETE	E Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating)	EHS AND DIRECTORS IN 12  Change Addition
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