FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996		<i>"</i>	DIVISION OF C	ORPORATIONS				
	ENT # No	74000D	0540	30					
. Co.po.a.c.	wame . and Donna				nc				
James M	. and Donna	. b. Sant	o round	acton, 1	inc.				
			Mailes Ar	National Control					
Principal Place o	of Business th Nichol S	Street	Mailing Ac 5113 S		hol Street				
Tampa, F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tampa,						
rampa, -			•			3. Date Incorporated or Qualified	3a. Dal	te of Last Re	port
						November 1, 1994			
2. Principal Plac	ce of Business		2a. Mailing	Address	Nichol Stree	4. FEI Number 59-3275370			lied For Applicable
	outh Nicho	Street	I = - I	Apt #. etc	Nichor Stree			\$8.75 A	ditional
Suite, Apt #.	elc		27 Suite.	Apr II. etc		5. Certificate of Status Desired		Fee Rec	uired
City & State			City &	State		6. Election Campaign Financing	شا	\$5.00 N	, ,
3 Tampa,	FL			npa, FL	L Co. otr.	Trust Fund Contribution 8. This corporation has liability for	c intensible	Added to	
Zip	Coun	,	Zip	3611	Country 30 Hillsborou		Yes [] No	133.662
4 33611	9. Name and Add	lsborough			30 MIIIBDOLUG	10. Name and Address of New F			
7 11	ren Frazie				81 Name				
	ren rrazie ast Kennedy		rd		82 Street Add	dress (P.O. Box Number is Not Accept	able)		
Suite		Douleval	. •						
	, Florida	33602			83				
	1 1 1 0 1 +							85 Zip C	ode
-		33002			84 City		Fi	12.	1
			ood 617 150	9 Florida Statul		rporation submits this statement for the	FL purpose of	Changing its	registered
	the provisions of Se	clions 617.0502			es, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acc	nurnasa ol	Changing its	registered egistered
		clions 617.0502			es, the above-named co	rporation submits this statement for the alion's board of directors. I hereby acc	nurnasa ol	Changing its	registered egistered
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SIGNATURE: __

made under oath, that I am an officer or director of the corporation or the receiver or trustee emp that my name appears in Block 19 or Block 13 if charged, or on an attachment with an address

GNATURE:

IGNATURE AND TYPEO OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/96 813 399-6309