FILE NOW: FILING FEE IS \$61.25					FILED		
	NPROFIT		FLORIDA DEPARI	MENT OF STATE	Apr 23 1	997 8:0	0am
	IPORATION JAL REPORT		Sandra B.				
1997		C. S.	Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
	MENT # NS	960000	6538 (0)				
THOMA	is and snead de	Evelopment C	enter, inc.		t addition and total distributions and	H DOHL DOHL GALLE GILDA GILDA	litel (eith feith
cipal Place	a of Business	Ma	iling Address				
s.w. aveni .e glade f	UE "G" PLACE Fl. 33430		s.w. avenue "g" plac Le glade fl 33430	E			
					3. Date Incorporated or Qualified 12/24/1996	d 3a. Date of Last F	Report
rincipal Pl	lace of Business	2a. 26	Mailing Address		4. FEI Number 31-1500952		pplied For
Suite, Apt.	#, elc.		Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75	ol Applicable Additional
City & State	9	27	City & State		6. Election Campaign Financing	Fee R	equired May Be
2ip	Country	28	Zip	Country	Trust Fund Contribution	Added	to Fees
	25	29		so	B. This corporation has liability for Florida Statutes	Yes No	s. 199.032,
	9. Name and Addres	s of Current Regist	ered Agent	81 Name	10. Name and Address of New I	Registered Agent	
THOMAS	, ANNIE				dress (P.O. Box Number is Not Accept	Iahle)	
900 S.W.	AVENUE "G" PLACE						
BELLE G	LADE FL 33430			83			
	to the provisions of Section	ons 617 0502 and 61	7 1508 Florida Statute	84 City	rooration submits this statement for the		Code
Pursuant t office or ri agent. 1 al NATURE	m familiar with, and acce	pt the obligations of,	Section 617.0503, Flor	s, the above-named co uthorized by the corpor- ida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of changing cept the appointment as	
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TYPED OR PRINTED NAME OF SIGNING OFFICER OR D Date

Daytime Phone # 0001099