2000 Hon Profit - Caryonator Annalle FILED			
DOCUMENT # N-97000002944 (3)			Jun 05, 2000 8:00 am Secretary of State
George H. Psnowles Sr. INC			06-05-2000 90716 025 ****66.25
Principal Place of Business  Mailing Address  Mailing Address  S/A			-4' -4'
Opa Locka, H- 33056			
2. Principal Place of Business	Date Carporal	ton \$14.45/2	<del>4</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-1997	DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number = 045523 (a) Applied For Not Applicable
Zip Country	Zip	Country ,	5. Certificate of Status Desired
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent
16831 N.W. 19 th ave			s (P.O. Box Number is Not Acceptable)
000 Lock A (		256 City 5	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.			
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOW: 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees    Make Check Payable to Department of State			
TITLE NAME STREET ADDRESS  TO THE INCLUDING STREET ADDRESS  TO THE INCLUDING STREET ADDRESS	Delete Les, Berrye H. S.	TITLE NAME STREET ADDRESS	
TITLE S/A/Above	Delete	CITY-ST-ZIP	opa desta 4 - 33 as 6   Change   Addition
NAME STREET ADDRESS CITY-ST-ZIP  SD Knawles	Idella R	NAME STREET ADDRESS CITY-ST-ZIP	Challa Thombes 6831 N.W. 19th Que Cha fraka, 4L-33056
TITLE 1683/ N.W. 1	9 Bave - Delete	TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP OPA Socia	- 4/33056 -	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS Daws, BE	Delete :=	NAME STREET ADDRESS	Reasurer (+) Change Addition
TITLE 28 40 MILLS	7 o TAXT Delete	CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  MIONN  T	1, 33055	NAME STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME STREET ADDRESS  There are 11 a C	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing 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 attact them with an address, with all other like empowered.  SIGNATURE: Description of the corporation of the corporation 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 attact the many of the corporation of the corporation of the corporation of the corporation of the receiver of 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 attact the many of the corporation of t			
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	Date Daytine Phone #