2000 UNIFORM BUSINESS REPORT (UBR)

1/29/00-90035-018-\$61.25-\$61.25

OLMEC CENTER FOR FINE ARTS, INC. OC MAR 23 PH 12: 18 Pricipal Place of Business Maing Address 109 3W 300 STREET FORT MADE R. 35841 2. Principal Place of Business Sure, Apt 8, stc. Sure, Apt 8, stc. City & State City &	DOCUI	MENT # N990000		FILED					
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Suite, Apt. 8, etc. City & States Social Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name Name and Address of New Registered Agent Name and Address of New Registered Agent	•	,	•		1 (10)(11) 0(0 11	Hin n kanda ab ark an dar a t rac at rac a	BILL HARR HILL IN	A CALANI	
City & State City & State City & State Country Country Country Country Country Country Country S. Countr	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
Secret Audress of Status Desired Secret Agent Secret Secret Agent Secret Agent Secret Secre	City & State		City & State			(724)(7)	<u> </u>		
KING, EDWARD J 100 S.W. 3RD STREET FORT MEADE FL 33841 City FL Zip Code Stock Address of New Registered Agent	Zip Country 5 7		- Zip	Country	1	table Desired	\$8.75 Add	itional	
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Add		`	·	
INS. S.W. 338 STREET FORT MEADE FL 33841 City 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 Trust Fund Contribution					Name				
E. 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 Signature Note				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the state of Florida. SIGNATURE									
SIGNATURE Spreade, 1, your or printed rearing of registered again and label 1 applicable NOTE Programed Again signature required unan manufacture) DATE				City	FL Zip Cools				
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CITY-ST-ZIP CITY-ST-ZIP 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 and Statutes.	CITY-ST-ZIP			CITY-ST-ZIP	in Continue 440 Advances on	lavida Charles I Fresher -	artify that the Ir	oformation	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/3/ju), Plot by Statutes. Hutches, that is am an officer or director 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 is 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 attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPES OF PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

1/24/00 86

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