

Principal Plac	e of business	Mailing Address						
241 W VENICE VENICE FL 342	. *	241 W VENICE AVE VENICE FL 34285			9 KOOTIOOT IKE OO	ILI da lih as hi as hi sa ki	TRIAL MAIN ICHU IACIR EA	KAN KAN KAN
2. Principal F	Place of Business 5	Ami AV.		DO NOT WRITE IN THIS SPACE				
City & State VENICE, FL City & State VENICE F			=	4. FEI Number 65-0991		991700	<u> </u>	oplied For ot Applicable
^{Zip} 342	·	Zip 4285	Country		rtificate of St		Fee Require	
	6. Name and Address of Current F	Registered Agent	Nome	7.=Na	me and Add	rese of New Regis	lered Agent	
-341	IANTIS, JOSEPH R W. Venice ave ICE FL 34285	Street Ad	Street Address (P.O. Box Number is Not Acceptable) / 45 E. M/AMI AV- City VEN/CE FL Zip 5:0de 55					
8. The above	named entity submits this statement for Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	to	registered office or				4/25/0	,
9. This corpo Tax filing (See crite	!!! FEE IS \$150.0 001 Fee will be \$5 ble to Department	50.00 t of State	Trust Fu	Campaign Financir and Contribution.	☐ Added	O May Be I to Fees		
11.	OFFICERS AND D	DIRECTORS	12.	ADD	TIONS/CHA	NGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DECIANTIS, JOSEPH R 341 W VENICE AVE VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	145 E.A VENIC	niami E, FL	AV. 34285	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD BARANOWICZ, PETER S 355 W-VENICE AVE VENICE FL 34285	☐ Deletr	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, 145 E.M VENICE	nIAM!	AV 34285	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD CALDERON, PAMELA T 355 W VENICE AVE VENICE FL 34285	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	145 E.I VENICE	niami	AV.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE		☐ Delete	TITLE	· · · ·			☐ Change	☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/25/01

141-485-200

Daytime Phone #